THE AMERICAN JOURNAL OF

CLINICAL MEDICINE

MARCH PROGRESS NUMBER

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The American Journal of
CLINICAL MEDICINE
Dependable Therapeutic Fact for Daily Use

Vol. 28, No. 3 March, 1921

Is the Use of Polyvalent Influenza Bacterins Justified?

EVER since the clinical employment of bacterial vaccines has come into favor, the attempt to combine either several different strains of the same bacterium or numerous different bacteria, or both, in the same preparation, to be used for hypodermic or intravenous injection, has been decried by certain authorities as being "unscientific". These "polyvalent" bacterins are spoken of sneeringly as belonging to the shotgun variety, and are deprecated for that reason as unscientific and entirely unjustified. The physicians who are daring enough to employ them fall at once under the ban of using slipshod and unscientific methods of treatment.

The accusation is fearful and well calculated to make the guilty perpetrators of such a terrible procedure quail with the enormity of their misdeeds.

Still, we have ere now ventured to suggest that Dame Nature herself is far from being "scientific", since the infections, with the consequences of which we have to deal clinically, are single in but a minute proportion of instances. Almost invariably there is demonstrable, on bacteriological examination, a considerable collection of various bacteria, all of which have pathogenic properties and all of which are undoubtedly joined in working their own particular cussedness and injury upon the human organism. Basing our reasoning upon the premises of specificity (in view of the fact that the entire problem of nonspecific protein reaction is still under discussion and by no means settled) we have enough hardihood to suggest that polyvalent bacterial vaccines were and are justified by the nature of clinical conditions and pathological processes confronting us. Nevertheless, but very recently one of the leading medical journals of this country discussed this very subject again and once

more castigated the temerity of physicians unscientific enough to employ polyvalent bacterins.

Now comes Prof. Frederick P. Gay, of Berkeley, California, who contributes a brief article to a series of papers on biologic therapy in the *Journal of the American Medical Association,* which, by the way, is well worth the careful attention and study of all physicians interested in the treatment of disease conditions due to infectious organisms. That means, all physicians in active practice. In THE JOURNAL for January 22, on page 244, there appears a contribution from the pen of Professor Gay, on the use of vaccines in the prevention and treatment of influenza and its sequels. An investigation of the available literature (of which Professor Gay considers eighteen references) indicates that, after all, Doctor McCoy, the protagonist of the single-bacterim vaccine, is not supported in his extreme position by the general evidence on hand. Not only have his findings been rather negative with the single-influenza-bacterin, this failing to exert the slightest preventive action, but he also finds no beneficial effects from the use of a mixed bacterin in prevention. On the other hand, to quote Professor Gay, "there is a steadily growing body of information, some of it of apparently considerable critical value, that would seem to indicate that a mixed vaccine containing streptococcus and pneumococcus in addition to influenza bacilli will notably decrease the pneumonic complications of influenza." As for influenza itself, a distinctly diminished incidence of the disease has apparently been demonstrated in those vaccinated as compared with those not vaccinated. And, several reliable writers, among them E. C. Rosenow himself, have carefully controlled their cases by a group of unvaccinated individuals.

It seems to us that, in this particular instance, at least, one man's opinion is as good as another's. Indeed, we are under the impression that the results in favor of mixed influenza bacterins are distinctly superior to those secured by single-organism bacterins. We can not, therefore, afford to submit to the reproach of being "unscientific", all the more so as we are in good company in the use of mixed bacterins, Dame Nature herself, that greatest teacher of them all, employing that very method.

Praise is a debt we owe unto the virtues of others, and due unto our own from all whom malice hath not made mutes or envy struck dumb.—Sir Thomas Browne.

THE ERADICATION OF TUBERCULOSIS

Among the leading articles of this issue of CLINICAL MEDICINE, Dr. G. R. Peckinpaugh gives an account of his search for the successful treatment of tuberculosis and announces that he has discovered a method by which tuberculosis, which now is a national disease in our country as in all civilized countries, can be eradicated in the course of a number of years.

Doctor Peckinpaugh, it appears from his article, has discovered a method of obtaining certain plant drugs in such a manner as to procure the pure and active portions of the plants. By these, he says, the vitality of tuberculous patients, and also of those exposed to tubercle-bacillus infection, is increased to such a degree that they are enabled to put up a good fight against the infection, success having been recorded in many individual instances.

In demanding as a condition of a successful fight against tuberculosis an amelioration of the systemic vitality, Doctor Peckinpaugh is in accord, especially, with French investigators who have always insisted upon the importance of the vulnerable "soil" for the successful implantation of the "seed". In France, the tuberculosis campaign is conducted largely in the manner of removing children from tuberculosis-infested environments to tuberculosis-free environments. This is the principle underlying the famous *Oeuvre Grancher,* the various antituberculosis dispensaries and climatic resorts, more especially those on the seaside.

It is beyond dispute that an absolutely normal and vigorous constitution is not in danger of tuberculosis as disease even though the seed be implanted in the form of a tubercle-bacillus infection. This is proved constantly by the fact that about seventy percent of all healthy adults, who never have been suspected of tuberculosis and never had clinical tuberculous disease, nevertheless harbor within their organs latent and usually extinct tuberculous foci.

If it were possible to create conditions of a normal constitution in all children in tenement districts, for instance, also in the children of families where there are tuberculous members, then, undoubtedly, these children would be protected against the later acquirement of the disease, tuberculosis, itself.

In how far Doctor Peckinpaugh's method serves to bring about such a desirable state of affairs, we have no means of judging. He has given no information as to the nature of his remedies and it is to be hoped that he will soon do so. Anything that will serve to lessen the frequency of tuberculosis will result necessarily in great public benefit.

To guard the mind against the temptation of thinking that there are no good people, say to them: "Be such as you would like to see others, and you will find those who resemble you."—Bossuet.

INTIMATE FACTS

We are sometimes asked: "Who reads CLINICAL MEDICINE?" While the circulation is, of course, exclusively among physicians, the character of the work done by our subscribers is a matter of interest.

In the first place, CLINICAL MEDICINE is national—we might even say, international in circulation. Every state and territory in the Union is well represented on our list. Over three hundred Canadian doctors subscribe annually and, with the establishment of a Canadian branch, this circulation is increasing. India takes one hundred copies each month; Mexico twenty-five.

In addition to this large circulation, CLINICAL MEDICINE readers are scattered in almost every other country on the globe including Honduras, Argentina, Syria, France, Bermuda, Philippine Islands, Australia, Japan, China, British Guina, Egypt, Uruguay, Colombia, Bolivia, Denmark, Africa, Switzerland, Korea, Nicaragua, Scotland, Germany, Siam, Turkey, Palestine, and Cuba.

Now, as to the character of the work in which these doctors are engaged. It is as varied as the circulation. Until recently, we could only state, in a general way, that CLINICAL MEDICINE reaches all classes of physicians. A careful survey has just been completed, to arrive at some definite facts, which we now publish. The figures, as given, are based upon replies from one thousand doctors now on our list in all parts of the United States.

This questionnaire covered many phases of the physicians work, including the extent to which electrotherapeutic apparatus was used, automobiles purchased, etc. The questions that we now discuss are those concerning the class of professional work done by the individual doctors who read this journal. The following facts are of interest.

1.—30 percent of the doctors state that they *prescribe exclusively.*

2.—15 percent say that they *dispense exclusively.*

3.—55 percent write that they do *both, prescribe and dispense.*

It is thus quite evident that there is a growing tendency toward a convenient combination of both dispensing and prescribing as shown by the fact that 70 percent of the doctors do some dispensing, while only 30 percent confine themselves to prescription writing alone.

An interesting fact revealed by this survey is, that 85 percent of our readers do surgical work to some extent. One thousand and twenty-nine replies are divided as follows:—

Do Surgical Work	459
Minor Surgery only	259
Some Surgery	110
Emergency Surgery	26
Special Surgery	12
Industrial Surgery	7
Total doing some surgical work	873
Doing no surgical work	156

It is somewhat of a surprise to us to learn that such a large percentage of our readers are doing surgical work. In this connection, it is interesting to note the replies to our question, "If you do not do surgical work, do you specialize in any other line?" These replies are classified as follows: General Practice, 121; Pediatrics, 39; Obstetrics, 37; Gynecology, 37; Internal Medicine, 22; X-Ray, 18; Chronic Diseases, 11; Nervous and Mental Diseases, 11; Refraction, 8; Anesthesia, 7; Stomach, 5; Tuberculosis, 10; Public Health Work, 5; Colon and Rectal, 4; Laboratory, 4; Genito-urinary, 1; Skin Diseases, 20; Eye, Ear, Nose, and Throat, 8. In addition to these,

a number of other specialties are mentioned by from one to two doctors each.

The most interesting feature of this survey, to us, is the varied character of the work done by our subscribers, embracing as it does both medicine and surgery in practically all of their branches, as well as other therapeutic methods, including electrotherapy, and the specialties.

It has been suggested that a clientele of such general scope is a tribute to the practical editorial policy of CLINICAL MEDICINE.

Next month, we shall discuss the results of our survey on the extent to which electrotherapeutics are used and what makes of apparatus are most generally used.

To arrive at perfection, a man should have very sincere friends, or inveterate enemies; because he would be made sensible of his good or ill conduct either by the censures of the one or the admonitions of the others.

—Diogenes.

FIGHTING COMPULSORY HEALTH INSURANCE

On February 23, there took place a get-together meeting of physicians, dentists and druggists which was held under the auspices of the Chicago Medical Society, the Chicago Dental Society and the Chicago Retail Druggists' Association.

This meeting was called for the purpose of protesting against certain bills to be introduced before the Illinois State Legislature now in session at Springfield, Illinois, and also, be it said, in the legislatures of several other states and purporting to establish a system of compulsory health insurance.

CLINICAL MEDICINE has declared its stand in the matter before now. It is unalterably opposed to compulsory health insurance as it is threatened. Indeed, the stimulus to this get-together meeting of February 23 originated with THE AMERICAN JOURNAL OF CLINICAL MEDICINE.

At the time this editorial is being written, that meeting is still in the future. When it has taken place, the forms of the March issue of CLINICAL MEDICINE will be in press. Consequently, we are not able to report on it before the April issue.

It is to be hoped, however, that physicians elsewhere will bring about cordial co-operation with their dentist and druggist colleagues for the purpose of opposing this dangerous and demagogic kind of class legislation that it is strenuously attempted to foist upon us.

ERRATIC THINKING LEADS TO DISASTER

The picturing power of the mind, that is to say, the faculty of imagination with which we humans are peculiarly blessed, is the source of much that is good in the world. With its functioning, the architect sees his perfected edifice before his masons have set to work and the composer his score before he has written a note. But this is so only when it is coordinate with other faculties and operative in a normal person. In such a person, it serves beneficently both the person and the world at large. For instance, Jules Verne possessed it generously; it helped him to write wonderful books. So, too, did Singer; it enabled him to build a machine that has earned for him a world of gratitude.

Such are the results of imagination properly coordinated. The possessor has his feet on the ground. He is a practical and orderly person; lives his life in a decent way; pays his taxes; and supports his family. He is in the world and of it. He sees things as they are while fancying what they might be. His reasoning faculty is sound and working.

However, when imagination runs away with one, as we say, results are less auspicious. This is what happens in the case of the habitual dreamer, the visionary, the zealot. Made from far-fetched material crazily put together, the mind product then is wild and extravagant, lacking unity and reasonableness. The same objective may be pictured in such a mind as is pictured in a normal and logical mind, but the way of attaining this objective will be wholly different. Indeed, the disparity is in most cases striking. If, for instance, the objective be Mars, which planet is reached after an imaginary journey from the earth, the crossing will be quite differently made. The incoordinate mind will perhaps imagine himself crossing as the Chinese sage did who went to heaven on the back of a dragon, and a search will be made for the necessary dragon or some mythical winged creature. The other one will see the possibility in aeronautics, and study to perfect the motor-plane to that degree that it may become able to maintain itself in the air for

an indefinite time, in any weather or atmospheric condition, while also providing protection for the passenger.

In the one case, reason leads and keeps imagination within bounds. The end is reached by practical means, in an orderly fashion if reached at all, as it may or may not be. In the other, the end is never reached. There is only confusion and failure. Enthusiasm may be present in one as in the other; the motive may be no less noble. But, while success is always and eventually possible in the one instance, there is always failure in the other, with chaos and disaster.

The zealot has no regard for time. He seeks to revise human nature in a month or a year. He imagines that it can be done with ordinances. He would legislate prostitution out of the world, driving prostitutes from their public quarters and writing a severe statute against the unmarried male who ventures to satisfy a normal need. He would attempt equally impossible and visionary legal enactments. Consequently, he fails as he must.

Likewise, the socialists of the radical wing, such as the Russian pair who are now busying themselves with the affairs of a nation. These men think to eliminate all the sorrow of the world by revolution, by killing, looting and herding men like animals, one and all, without regard for personal differences and tastes and aspirations; denying property rights; abolishing the medium of exchange; and tossing overboard like drunken men all that has proven good for society in the long experience of the past.

The socializing of medical practice is one of these crazy notions imported recently into this country. That it has even been considered, as it has in one or two states, is a reflection on the intelligence of their legislative bodies. No good can come from it. It must fail here if tried as it has failed in England, where its expectant upholders now find that what they took for a swan is only a goose.

THE URIC ACID EXCESS

Dr. Adolphi Luria, of Chicago, is among those who have given much thought to malconditions referable to an excess of uric acid in the blood. At present, he is contributing a series of papers to the *Medical Council*, the November (1920) number of which carries the second paper of the series.

Uric acid is primarily derived from ingested purin as contained in common foods. In the organism, these purins are oxidized into trioxypurin, or uric acid; about half of this is disposed of by the liver, that is to say, is split up by the action of that organ and excreted as urea.

If a reasonably well balanced diet is followed and liver, kidney and bowels are healthy, the rest causes no trouble. If not, there is acidosis from accumulation of unexcreted purin waste. The blood acquires an acid reaction. The waste sooner or later extravasates as a colloid substance into the muscle stroma, the skin, nerve sheaths, the bursæ of joints and cartilages, causing the disease symptoms commonly complained of; and later as tophi or crystalline bodies which by irritation give rise to gouty congestion and pain.

Just what the nature or extent of the trouble, depends on the person and his habits. In workers who use their muscles, for instance, the purin waste (or uric acid) is apt to be deposited in the stroma between muscle fibres, causing muscular rheumatism. If the skin is attacked eruptions may develop.

Treatment consists (1) in eliminating purin-heavy foods from the dietary; (2) helping the emunctories to do their work or securing elimination with salines and diuretics; and by alkalinizing the blood plasma, which is best done with calcium carbonate preferably joined to colchicine in the prescription.

Compromise makes a good umbrella, but a poor roof; it is a temporary expedient, often wise in party politics, almost sure to be unwise in statesmanship.—Lowell.

PHYSICAL PREPAREDNESS

In the *Boston Medical and Surgical Journal* for November 18, 1920, Dr. Oliver H. Howe, Cohasset, Mass., discusses some lessons from the selective military draft. His article is so excellent that we have felt constrained to lift a portion of it verbatim as we believe that it will constitute an impressive editorial. He says:

"I believe that no field of human effort can be more productive in these days than the care of the well-being of our young people. By these means, we can hope to produce a race that will be erect, vigorous, alert

and successful. These are the days of preventive medicine and it is not unlikely that many of these pupils brought up in the atmosphere of regular inspection will desire to continue such inspection at intervals through life, forestalling many a preventable complaint, maintaining a high degree of efficiency and fortifying the system against the advance of age.

"I already find a few individuals who desire to have a physical examination made once a year. It is in line with other practical methods of efficiency. The prudent manufacturer has his production department, his cost and sales systems examined by experts. The automobile will give its best service if it is critically examined at regular intervals. Why not the human machine also? Deviations from health can be discovered and dealt with in the incipient stage. The individual with a tendency to high blood pressure can be advised so to regulate his life as to restore the balance of his circulation. The first indications of pendulous abdomen or obesity can be observed and dealt with. These and a host of other conditions can be noted by the physician before the patient is aware of them and such advice given as will not only serve to prolong life, but to give it greater facility and satisfaction. This method is far more advantageous than waiting till the man is sick and the disease may have done irreparable injury to his system. Moreover, we all know of men supposedly well who have dropped dead upon the street. By keeping a careful record of successive examinations in a card system, variations can be readily noted and, if the man falls ill at any time, the record and history of his normal state will be of great value in the conduct of his treatment. General examinations of the eye, ear, nose, throat and teeth should be included for completness, serving, if for nothing else, to remind the patient to go to his oculist, dentist or other specialist as needed."

When you give, take to yourself no credit for generosity, unless you deny yourself something in order that you may give.—Henry Taylor.

THE AMBULATORY TREATMENT OF DRUG ADDICTION

According to *Public Health Reports* for December 3, 1920, an article published in the same journal for July 19, 1919, defined the ambulatory treatment of drug addiction and held it to be presumptively a violation of the Harrison Narcotic Drug Act. Accordingly, the Commissioner of Health of Pennsylvania, declared the ambulatory treatment of drug addiction not to be in compliance with the Pennsylvania Law. His order is as follows:

"Whereas the Pennsylvania antinarcotic law rigidly interdicts the issuance of narcotic drugs in any quantity whatsoever to a known habitual user thereof except in pursuance of a prescription issued in good faith by a physician (a) for the cure or treatment of some malady other than the drug habit, or (b) for the purpose of curing such patient of such habit, and not for the purpose of satisfying a craving for the drug, and since the parallel provisions of the Federal law, as construed by the courts in numerous decisions, are to the effect that an order for morphine issued to an habitual user thereof, not in the course of professional treatment in an attempted cure of the habit, but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act.

"Therefore, the socalled reductive ambulatory treatment of drug addiction, rejected by the United States Internal Revenue Bureau, must not be accepted as fulfilling the requirements of section 8 of the Pennsylvania antinarcotic law.

"The bureau of drug control of the Pennsylvania Department of Health must see to it that in the treatment of drug addiction, as such, narcotics must not be furnished, either on dispensing or prescribing in writing, by physicians to the addict himself, but must be personally administered by the physician or be placed in the hands of a nurse or other reliable person who is not an addict and who is held personally responsible for carrying out the directions of the physician in charge. Written records must be kept of all such administration of narcotics.

"Druggists filling narcotic prescriptions for the treatment of addiction, as such—but not in the treatment of disease other than addiction and in the usual medicinal dosage —will not be permitted to deliver the drugs into the hands of the addict for whom the prescription is written, but must place the drugs in the hands of the person known to the druggist as qualified to receive them under this order as certified in writing on each such prescription or by the physician writing the same, as the designated recipient thereof, and such person, on the delivery to him of the drugs, must receipt for the same by signing his or her name and address on the back of each prescription."

While we always have been of the opinion that the ambulatory treatment of drug addiction presents too many difficulties and, moreover, is too greatly subject to risk and misunderstanding, we can not find in the article cited a condemnation, outright, of this method of curative treatment, nor can we find that it is declared illegal. To be sure, the author, Dr. Arthur D. Greenfield, Attorney and Counsellor at Law, declared that the physician using this method must realize that he places himself in the power of his patients and that his good faith be-

comes to a great extent dependent upon theirs. Mr. Greenfield warns reputable physicians that they can not afford to run this risk except possibly in a few rare and exceptional cases. Nevertheless, he quotes the *Weekly Bulletin of the New York City Health Department* for May 3, 1919, as follows:

"Every physician must feel free to treat such cases in accordance with his own professional conscience and judgment, and no reputable physician should hesitate to do so. In this, as in all cases with which a physician has to deal, it is his duty to seek the underlying cause of the patient's condition, and direct his treatment to the elimination of that, wherever practicable, rather than to the alleviation of symptoms; many cases of drug addiction owe their original to professional carelessness in this respect. But where it is not possible to remove the cause, and where its continuance renders necessary or desirable, in the practitioner's honest judgment, the use of morphine, or other narcotic, he need not fear getting into legal difficulties by continuing its use, even though the patient be an addict. In fact, it is highly desirable that patients of this class be freely treated by reputable physicians, rather than be compelled to rely on questionable sources for the relief to which they are rightfully entitled."

Although this does not constitute a condemnation of ambulatory treatment, nor does it declare this method to be illegal, physicians, nevertheless, will do well to exercise the greatest possible circumspection in undertaking the ambulatory treatment of drug addiction. In our opinion, while this method is not illegal, it is almost certain to be a failure; it being virtually impossible to control the patients as safely as is urgently necessary in order to effect their cure. Drug addicts should, in their own interest and in that of their families as well as their physicians, always be confined in institutions and subjected to institutional treatment because only then can strict control be exercised and only then can sufficient guarantee be had that the provisions of the narcotic drug law are not violated.

INDICANURIA

While traceable to extensive skin burns, and at times to tuberculosis, toxicosis from indol and the indoxyl sulphates is far more often the result of intestinal stasis. The latter condition takes the form, usually, of atonic constipation, in one who fares habitualy on a high-protein dietary. The sequence is: constipation, putrescent processes within the bowel; formation of toxins; absorption of these toxins into the blood-stream.

Symptoms may be enteric or produced at a distance from the cause. Impaction may cause pain in the abdominal region. Too often, when localized at McBurney's point, it has been mistaken for appendicitis. The surgeon is frequently so tricked, only to find on operating a perfectly normal appendix.

Remote symptoms complained of are, asthenia, frontal headaches, drowsiness, mental inaptitude and so forth. Collectively, they may give the clinical picture that frequently is misnamed neurasthenia and treated with rest and nervines, but, without recognition of the true condition.

The dietary in these cases needs to be shorn, so far as possible, of meat, eggs and fish. Fresh living cultures of the Bulgarian bacillus are valuable, especially when koumiss or other types of curdled milk are refused. Calomel or podophyllin, or both together, in 1/10-grain doses, two or three times a day after meals, are drugs to be borne in mind.

So important is indicanuria and its bearing on the treatment of obscure cases that no one should be without means of detecting it.

He who gives what he would as readily throw away gives without generosity; for the essence of generosity is in self-sacrifice.—Henry Taylor.

PUTTING THE BLAME WHERE IT BELONGS

One reason for the failure of mankind to check the ravages of certain transmissible diseases is, half-heartedness in the application of the weapons at hand. They are strong, efficient, better than ordinarily regarded. If these weapons are used earnestly and with thoroughness, many of the things now seemingly beyond us could actually be accomplished.

It is easy to condemn, natural for the average person in matters new to him to distrust them or even to ridicule them. Many a good remedy has been set down as inefficacious after hardly a trial; many a method decried when, because carelessly carried out, it did not give the results promised. From hurry or prejudice or habit,

men are prone to do things by halves. We devise excellent weapons for the world, lay out wonderful sanative programs, assist in passing carefully planned ordinances, and fail regardless of them. The weapons are not used except, as we have said, half-heartedly. The programs are rarely followed consistently to the end. The ordinances are seldom if ever enforced.

The laity accuses us, as physicians, of doing nothing effective toward eradicating tuberculosis. We are discredited. We are laughed at by people at large who do not even observe the elementary rules for cleanliness. People insist on spitting on the sidewalks, defiling the air with the products of incomplete combustion, tolerating filth upon their premises for flies to feed upon, and harboring bedbugs, roaches and other vermin in their bedrooms and kitchens. And, with that, they have the audacity to say that medical measures are worthless and doctors not to be depended upon. In Panama, a heavy fine is imposed upon the owner of any house or hotel in which the inspectors find mosquito larvæ. Why not apply as strictly, in this country, a law penalizing every householder whose beds are vermin-infested?

The sorry truth is, that people are mostly indifferent, careless, untidy. Or, when really aiming aright, their ends are defeated by dishonest, office-holding or office-seeking politicians. Or, again, we fail from deep-rooted prejudice such as that which opposes the use of disinfectants against venereal disease. Clean persons could be kept clean with the proper use of thymol-calomel ointment. Infected persons could be kept from infecting others by the resources we have provided. But, our advices are neglected as if they fell upon stone-deaf ears. The regulating of prostitution, by licensing and strict medical supervision, was decried in this country after a most desultory trial. Yet, elsewhere, we find it succeeding. In Paris, for example, patrons of the licensed houses are seldom infected. Even in the war year, 1917, when the city was full of soldiers on leave, army reports show that only five venereal cases were actually contracted in such houses. And, good authority, in the person of Captain Walker, who issued over 100,000 prophylactic packets, asserts that he had yet to find the man who used the treatment as directed and nevertheless contracted venereal disease. Here certainly is a fine showing.

Let this be our answer to those numerous fault-finders who tell us over and over that medicine is no science but only a jumble. Till such people at least are willing to use that which medical and kindred learning has given them, as one day they may be, or until they are mentally qualified to do so, as in course of evolution they may be, let them be respectfully silent; silence on their part would be much more becoming.

Old age, especially an honored old age, has so great authority that this is of more value than all the pleasures of youth.—Cicero.

HIGH HEELS

Here is a dialogue that actually was held between a doctor and his patient, a lady of good constitution naturally, but a semi-invalid from constant backache and frequent headaches; moreover, according to her own statement, so irritable that she feared her family would not endure it much longer. She could not walk half a mile without being completely prostrated.

Doctor:—I have examined you thoroughly, weighed carefully all you have told me, and I am convinced that the principal cause of your ill health is, those extremely high-heeled shoes you are wearing. There may be additional factors in the case, such as the way you eat, for instance; but, there is no doubt that your deformed feet produced by those unnatural heels constitute by far the largest factor.

Patient—Well, I am going to wear them anyway, ache or no ache!

D.—That is your privilege; but, as you asked me for a frank opinion, I have given it. Everything has its price; and your ill health and wrecked nerves are part of the price you pay for the privilege of being in fashion. It is a price that can not be sidestepped by taking something out of a bottle.

P.—But, doctor, I can not go without them. When I try to do so, in less than half an hour my feet and legs hurt so that I can not stand it. When I put them on again, I get relief at once.

D.—Yes, that is because those muscles and tendons have been in a false position so long that those on the back of the leg

have become shortened and resent any change; so, they hurt when put in a normal position. If you want to get back to normal, you will have to do it gradually, by reducing the height of the heels a little at a time. It will mean some suffering; it will be a severe test of your faith and will-power; however, it will be worth all it costs for, when you get your feet back to a normal position, the spinal irritation will cease and you will get well.

P.—What is your fee, doctor?

D.—Twenty-five dollars, please. The advice is worth that to you—if you follow it. If you do not, it may be at some future time—if it is not too late then.

A good deed is never lost; he who sows courtesy reaps friendship, and he who plants kindness gathers love.—Basil.

WHAT IS RATIONAL THERAPEUTICS?

First, what is it not? It is not that blind faith in drugs which thinks that a certain drug is "good for" a certain disease;

Which believes that medicines literally "cure" diseases;

Which thinks that a "shot-gun" prescription is bound to hit something;

Which overlooks the fact that disease has a natural tendency toward recovery and that our chief duty is, to remove obstacles from the path of nature.

The word "cure" has two meanings: If we use it in the sense of stopping illness and producing health, then it is nature that cures, not we; but, if we use it in its literal sense (L. *curo, curare*: to care) of caring for the patient and assisting nature in every possible way, then we do cure disease with remedies and other hygienic measures.

Neither is therapeutic nihilism rational. Because in the past we have gone too far to one extreme, is not a reason for going to the other extreme. The medium between the two is more rational. That superior smile with which the nihilist greets any reference to drug therapy is merely evidence of a thick skull, or an overgrown ego.

A rational use of therapeutics means:

To remember first of all that nature cures;

To remember that we can aid her by removing obstacles from her path;

To remember that we can do this best, sometimes, by the use of drugs, sometimes, by other therapeutic measures and, sometimes, by both combined;

To remember that the only way to find out what drugs can accomplish, is, by observation and experience;

To remember that the most plausible theories are often wrong;

To remember that the experience of our ancestors is not to be despised;

To remember that the progress of therapeutics is a process of discovery, forgetting and rediscovery;

To remember that it is possible to do good work with a comparatively small list of drugs;

To remember that simple prescribing—the use of one or two drugs at a time—is best;

And, finally, to remember that every man's therapeutics should be largely his own system—a system founded on the knowledge handed down by others, but perfected by his own experience.

ANTHRAX FROM THE SHAVING BRUSH

The transmission of anthrax, in the horse hair used by the trade for making shaving brushes, transpires as a new menace to the public health, a menace to be energetically combated, in view of the seriousness of the disease. If not so dreadful as the pneumonic form, or wool-workers disease, as asserted, which usually ends fatally, we nevertheless have to deal with an ailment that even so is serious enough. Of thirty-four cases reported, in New York City, within the last twenty months or so, ten were fatal. Deaths from this cause have also been reported in Chicago and other large cities.

In England, the situation has become so serious that the government has prohibited the importation of brushes from Japan, from where a large part of our own supply likewise comes.

Investigation shows that the imported brushes, and the raw material as well, carry anthrax spores. From the brush, this spore enters the circulation through any little scratch or abrasion of the skin caused by shaving. From the raw hair itself, workmen are infected by way of the hands when handling it.

To prevent this, ordinances have been enacted in several localities compelling

brush manufacturers to sterilize their goods before shipping. The shaving public is urged to sterilize every brush before using it, as a safeguard against unclean imported brushes or such domestic ones as have not been sufficiently treated.

For sterilizing purposes, chlorazene in 1 or 2-percent solution will answer best, this agent being many times stronger as a germicide than formaldehyde or phenol. Every new brush should be immersed for ten hours in a hot chlorazene solution. With that precaution, one may consider himself amply protected. It is to be hoped, also, that the use of this chlorine compound will be made compulsory in factories where horsehair is made into brushes and other articles.

A man should never be ashamed to own he has been in the wrong, which is but saying, in other words, that he is wiser today than he was yesterday.
—Pope.

SALVARSAN FAKES

A recent issue of *Public Health Service News* calls attention to arsenic "substitutes" for arsphenamine (salvarsan) that are manufactured by certain firms and offered for the treatment of syphilitic disease as of equal value. While the arsphenamines are produced only by licensed firms under the rules and tests prescribed by the U. S. Public Health Service, and are carefully tested, many unlicensed preparations are on the market, some of them being outright frauds in as much as they contain no arsenic or curative agent at all. Most of these were promptly detected and their manufacturers punished. Many of those preparations that are still being made result from efforts to circumvent the rigid tests required by the Public Health Service for protection of the public and to market substitutes which are sold with unwarranted claims as to their curative value.

As is well known, during the war, the impossibility to import salvarsan from Germany caused the U. S. Government to annul the patent rights and to authorize the manufacture of the product in this country. In an effort to standardize the remedy and to prevent the sale of worthless substitutes, the official name arsphenamine was adopted, licenses for its manufacture being granted by the Treasury Department on complying with certain conditions essential for safety and health.

Physicians should be careful never to permit themselves to be persuaded to employ any substitutes whatever for salvarsan, or arsphenamine. It is to be kept in mind that arsphenamine is a powerful arsenical which is guarded by careful and rigid tests. Remedies claimed to be "just as good" but which may not legally be marketed under the name of arsphenamine should be looked upon with suspicion and, indeed, should be discarded or refused acceptance on general principles.

SANITATION AND PELLAGRA

It will be remembered that, some years ago, the causes for the great insistence of pellagra in certain regions of this country were claimed to be connected with unsatisfactory conditions of sanitation. In view of the fact that these opinions found expression from authoritative sources and were emphasized strongly, a recent publication by Surgeon Joseph Goldberger, in the U. S. Public Health Service, and of others, is of interest, which appeared in *Public Health Reports* for July 16. According to this article, the study of the relation of factors of sanitary importance to the incidence of pellagra in seven representative mill villages has failed to reveal any consistent correlation between them. Although based on a rather small mass of data and, in itself, not warranting any conclusions, it may, nevertheless, be noted as not without significance that this result, at any rate, affords no support for the view until recently, at least, quite widely entertained in this country, that pellagra is "an intestinal infection transmitted in much the same way as typhoid fever"; nor does the evidence adduced in favor of this view by other workers, when rightly considered, afford it any real support.

It may be of interest to add that the results of the very much more extensive study of this subject, carried on by these authors during 1917 and 1918, and to be presented in a later communication, are in harmony with and confirm those recorded in the communication referred to.

Leading Articles

The Role of the General Practitioner in Urology

By R. J. SMITH, M. D., Salt Lake City, Utah

EDITORIAL COMMENT.—Doctor Smith well outlines the conditions connected with the genitourinary apparatus, both in men and women, in which the general practitioner should be competent to make a diagnosis, to inaugurate treatment and to carry it out. It is well that such an article should have been written, and we are happy to present it to the readers of CLINICAL MEDICINE. *Certain genitourinary affections there are that go beyond the facilities of the general practitioner. Doctor Smith suggests those cases in which the aid of the specialist is properly to be sought.*

UNDER the caption of the title, I desire to review briefly a few of the many phases of this subject. Its importance is such that an apology for its presentation here is not called for. That this importance has not been adequately recognized, heretofore, in the time when all venereal-disease discussions were taboo, goes without argument. Nowadays, social welfare clinics are ubiquitous, as they should have been long ago, and are productive of great good. Now, its outstanding importance is world-wide. The social evil, or the venereal peril, is a topic of discussion in every little hamlet as well as in the beehives of industry, the large commercial centers. Greater far than the "white plague" is the "red plague." Its scarlet runners ramify everywhere in every stratum of society. Widespread propaganda has brought home, at last, recognition of the vast inroads the venereal diseases have made in our population. The records of the Public Health Service are open to all and need not be quoted here. They are sufficient in themselves to answer the objections of the prude and the prurient who have too long held the stage against frank enlightenment of the public in these matters. It is now up to the general practitioner to carry the fight home to the conscience of America.

Under the special title "Urology", the venereal diseases are included simply for purposes of this discussion. Gonorrhea and lues do not properly belong here but may be discussed as relative urological subjects from the standpoint of the general practitioner. They are the two most important genitourinary diseases necessarily and properly to be treated by the general practitioner. Ordinarily, he is not adequately equipped nor does he understand thoroughly the anatomy of the genital tract or the pathology of the infection and, so, is handicapped in his treatment of these conditions. This statement is not meant as a criticism; it is a fact that many general practitioners are not interested in these diseases; and, lack of interest is closely allied to failure of application in gaining the necessary knowledge.

Seriousness of Venereal-Disease Problem

Now we are brought face to face with the knowledge that the venereal diseases are, as so graphically stated by Dr. Riddel in his address before the Canadian National Council for Combating Venereal Diseases, "eating the heart out of our people, that syphilis affects about 8 percent of the total population, causes death in 80 percent of those affected; is the cause of 10 to 35 percent of all insanity; of most mentally defective children; of locomotor ataxia, of paresis, of apoplectic and paralytic strokes in early life; of nearly half

of the abortions and miscarriages; of a large percentage of diseases of the heart, blood vessels and other vital organs; and that it decreases the length of life by about a third and greatly decreases the individual earning capacity during the remainder; that gonorrhea, more common than syphilis, is the cause of 10 percent of all blindness, of 80 percent of congenital blindness, of many surgical operations upon women, of many chronic diseases of the joints, bladder and genital organs." When we realize this, then we realize that there is urgent necessity for the proper treatment and prolonged supervision of these enemies of mankind, to the end that every possible means may be adopted to protect those that are clean and cure those that are infected. This is the province of the general practitioner no less than that of the specialist, and with greater responsibility; for, in the very nature of things, to the general practitioner will come the majority of cases in the early stages.

While theoretically the urologist should treat these cases of gonorrhea in male and female, practically the general practitioner in both city and country practice sees the patient first and should be competent to treat him. The female usually gets short shift and shorter grace; yet, it is even more necessary to treat her, the ubiquitous source of the male gonorrheic. In spite of all the difficulties in the way of a cure, she must be kept under observation until cured.

Gonorrhea

The diagnosis of gonorrhea, for the present, must rest upon the presence, in smears of pus from the urethra, of diplococci, intracellular, Gram-negative, kidney- or coffee-bean shaped, clear cut, sharply outlined and taking methylene-blue stain readily. It may be asserted that cultural methods are the only positive means of accurately diagnosing the gonococcus. However, these methods are not yet practical, as cultivation of the gonococcus is a matter of great difficulty and possible only with the assistance of a well-equipped laboratory.

Outside of the body, the gonococcus is easily killed by any weak antiseptic solution or by a temperature over 45° C. (115° F.). The reason why it is so hard to eliminate in the urethra is found in the structure of that organ. The invasion at first is superficial and, if the disease is attacked in this stage, it is often aborted. Later, the coccus invades the glands of Littré and penetrates deeply into the submucous layer. From these glands, it is hard to evacuate, prolonged treatment being necessary to that end. Here, gentle massage over the sound and the injection or irrigation of the urethra with a gonococcicide are usually successful. It may be possible to develop a therapy that will be more efficient than the present standard treatment of this disease. It seems practical to apply sufficient heat to the urethral canal without great reaction. By means of electrically heated sounds, and with the electrothermophore, a sustained heat of 45° C. is easily born by the patient without complaint although with quite marked reaction. The results must be brilliant indeed to forego the elementary rule of: no instrumentation in acute urethritis. That the results obtained are at all comparable to the theoretical possibilities has not yet been proved.

Electroionization by means of a direct current and the application of a non-irritating, deeply penetrating gonococcidal ion may soon be a practical and successful method of quickly eradicating the offending organism. By this means, it will be possible to penetrate to any depth and degree desired, the germ being pursued to its farthermost lair and destroyed *cito, tuto et jucunde.*

Until such time, however, as these methods become practical, the usual standard treatment, lacking (it is true) in many essentials, must perforce be followed and persevered in until the disease is pronounced cured. Then, the general practitioner must urge on his patient the absolute necessity of waiting for at least one year from the proved cure before marriage is permitted. This is important and must be given consideration by the entire medical profession. General practitioners are more frequently consulted than are urologists and upon them devolves a much greater responsibility.

In the acute stage, the coccus invades the naviculus, only superficially, having little predilection for the type of cell found here, the squamous. In a day or two, it finds its habitat in the columnar epithelium of the anterior urethra where it proliferates rapidly. It invades the lacunæ and crypts

and penetrates into the submucosa. Proliferation takes place within the canal and it is to this locality that all our medication is directed. If this is successful, the discharge soon lessens, then ceases, and a cure results.

In the chronic stage, in the male, the glands of Littré, ducts of Cowper's glands, prostatic ducts, utricle of the verum, the prostate and seminal vesicles and the glands, perhaps, of the coronary sulcus may be the source of infection; treatment must be directed to the locality affected.

In the female, the glands of Bartholin opening in the sulcus between the attached border of the hymen and the labia minora, Skene's ducts in the urethral opening, and the glands of the cervix are common localizations of the gonococcus. Dissection of the Bartholin glands and complete removal, extravaginally, is the only means of eradicating this source of supply. Skene's ducts should be opened up and destroyed by the actual cautery or the fulguration electrode. The cervical glands may be freely cauterized or fulgurated. Infection here is very resistant.

These chronic conditions should be referred to the urologist. Success in the treatment of certain chronic forms is dependent on thorough and complete diagnosis and this is only possible by means of the urethroscope.

Treatment of Gonorrhea

The standard treatment of gonorrhea will be found in any good book on venereal diseases and need not be detailed here. Suffice it to say, that success in the treatment of gonorrhea depends in great part on the gentleness of the operator. The production of trauma must be guarded against. Pain in the application of any medicament or instrument is to be minimized to the greatest possible extent. Irrigation should be performed without force, with weak solutions, permanganate of potassium still holding first place in a strength of 1/8000 up to 1/4000, warm; acriflavine in 1/4000 in warm saline solution may be used from the early stages. It has greater penetrating power and is not so irritating in prolonged application. Protargol, in ½-percent to 1-percent solution, as an injection held for at least five minutes and repeated every two hours, is one of the best of the silver proteids. Internally, I find atropine to relieve pain and tenesmus, sandalwood oil for its demulcent and anesthetic action, gelsemine at bedtime to prevent erections and chordee, with a glass of water every two hours to flush the genitourinary tract, quite sufficient for the usual case. For ardor urinæ, a little sodium bicarbonate in a glass of water will keep the urine mildly alkaline and relieve this distressful symptom.

The progress of the case should be followed with frequent examinations of the pus smear, for the gonococcus. A microscope is essential in both diagnosis and treatment of gonorrhea. In the diagnosis of many chronic conditions and for the control of the possible cure of this disease, it is most important.

Instrumentation in all chronic conditions should be performed carefully. Lacerations of the mucous membrane, by rough passage of sounds, perpetuate the condition we are seeking to relieve.

The general health of these patients should be kept at par, the presence of other sources of irritation or disease that may militate against their stock of vitality located and treated and, if the local treatment is not accompanied by improvement in the local signs, this should be stopped for a time. It is often surprising how much improvement follows cessation of all treatment in many of the overtreated cases.

Syphilis Diagnosis

The importance of early diagnosis in the treatment of syphilis lies in the fact that it is in this stage that the prospect of cure is greatest. To this end, every sore, excoriation, abrasion, papule, nodule, crack, whether on the genitals or not, giving a history of exposure to venereal infection, should be searched for the spirochete repeatedly, during which time no mercurial or other antiseptic or cauterizing agent should be used. Any sore showing indolence should rest under suspicion. The typical chancre is not always found. Chancroids are often complicated with syphilis. There is such a thing as mixed infection. These lesions should be searched carefully for the presence of the spirochete as well as the Ducrey bacillus; and, in spite of the most exact search, they may not be discovered even when present. In this trouble, therefore, it should be impressed on the patient that a Wassermann blood

test should be made at intervals until syphilis is excluded. To obtain serum for the dark-field examination for the spirochete, it is essential that no antiseptic has been applied to the sore for at least twenty-four hours preceding the examination. If an antiseptic has been applied, dress the sore with normal saline solution for two days; then wipe the surface carefully with gauze moistened with sterile saline solution so as to cause a free flow of serum free from blood, take up the exudation with a pipette and place a drop on a cover-glass. To this apply the surface of a slide prepared with a ring of vaseline so as to prevent evaporation. A drop of cedar oil on the under surface of the slide and one on the cover-glass furnish a complete refractive medium between the oil immersion and the dark field.

If a specimen is desired without delay, it may be easily obtained without any discomfort to the patient from a large inguinal node with a sterile needle and syringe. Draw up in the syringe a few drops of a sterile saline solution, plunge the needle to the center of the node, force out the contained salt solution, manipulate the needle gently to distribute the solution, then aspirate into the barrel of the syringe a few drops of serum. Spirochetes will be found in numbers.

Syphilis Treatment

In the treatment of syphilis, the general practitioner has a problem that will confront him at every turn, whether as the initial lesion, recurring abortion, periosteal nodes, violent headache, often nocturnal, indolent ulcer of tonsil, tabes or other neurosyphilitic involvement. Through him, must come the real effort in control of this disease. To him comes the patient in the early stage of the disease, the curable stage; to him is propounded the question, "Is this syphilis?" and he must be prepared to answer. It is a disease that he must be prepared to cure and does cure, without the slightest doubt. That it can be cured, admits of no question, if the diagnosis is made early and if the patient is saturated with mercury assisted by neoarsphenamine in several properly controlled courses covering a period of one year at least.

The mercury may be given in the form of insoluble mercury salicylate, injected deeply into the gluteal muscles, every five to seven days; mercury benzoate every two days; mercury cyanide intravenously daily; with neoarsphenamine intravenously every ten days; the course consisting of five or six arsenical and twenty-five or thirty mercurial doses. After one month's rest, take a Wassermann. If this is positive, repeat the course; if negative, give a full course of mercury. After a rest of two months, test for serological reaction. Repeat this test bimonthly until assured of a cure. It may be advisable in the primary stage to give three or four doses of neoarsphenamine at two-day intervals followed by a full course of mercury. Frequently it will be found that the Wassermann is consistently negative after the initial course of such intensive treatment, and, thus, the attack is aborted.

Patients with neurosyphilis should be referred to the specialist wherever possible.

These two diseases, with genitourinary manifestations, it must be conceded, are properly classed with those that should be treated by the general practitioner, at least in their primary stages. There are many others that are not recognized at first as urological and are treated by him for a longer or shorter periods before his referring them to the specialist.

Cystitis

The most important of these, as it is the most common, also, is cystitis. Cystitis is not a disease, it is a symptom of disease that is usually located elsewhere than in the bladder. It may be in the kidney, ureter, posterior urethra, in women; in the male, it may, in addition, be in the prostate or the seminal vesicles. The cystitis is due to extension of infection from these foci. It is usually diagnosed from the symptoms, frequency of, and pain on passing urine, and pyuria, but these are entirely insufficient for an exact diagnosis. The general practitioner, who is usually the first to see these cases, should remember that, if the patient is not greatly relieved within a week or ten days, by the standard treatment of this disorder, the source of the infection will be found elsewhere in the tract, frequently in the renal organs. Infected urines are not exclusively pathognomonic of bladder involvement. Vesical symptoms are leading signs directing us to

the bladder, and other genitourinary infections must be ruled out before making a diagnosis of idiopathic cystitis.

It may be said, with reference to diagnosis, that the urine is cloudy in all three glasses when voided. Two or three glasses should be used routinely, in both men and women. After urination, it should be determined by catheter whether there is residual urine; for, if this is present, there is obstruction and consequent retention. By relieving the obstruction, the cystitis is cured. The type, degree and kind of obstruction, whether the infection is ascending or descending, whether the kidneys are affected, can be determined only by direct examination through the cystoscope and the use of the urethral catheter. Renal infections are diagnosed or excluded by the ureteral catheter. If they are excluded, the lower infectious, prostatic, vesicular or posterior urethral, may be eliminated by examinations of the secretions of these parts and, often, by direct examination with the urethroscope. Renal infections to be differentiated are, pyelitis, pyelonephritis, pyonephrosis, tuberculosis and renal calculus. Bacteriuria is differentiated by the fact that there is no pus in the urine, the cloudiness being due to bacteria. Pelvic disease is a prolific source of bladder trouble in women and, while there may be a trigonitis present, cystitis is not. Proper examination will disclose some causal factor in the pelvis, a cervicitis, a fibroid or other tumor. In these cases, the urine is clear. Cystoceles may frequently cause frequency and distress but are seen on casual inspection. Women complain of pain and frequent micturition when afflicted with chronic urethritis, urethral polyps and carbuncle; in all these, the urine is clear and careful inspection will disclose the trouble.

[*To be concluded.*]

S. M. S.

What Is It?

By JOHN J. A. O'REILLY, M.D., Brooklyn, New York

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EDITORIAL COMMENT.—Compulsory health insurance is one of the most acutely live issues of the day. To the medical profession, as well as to the allied professions, it threatens a struggle for existence that is not only more severe and serious but in which we would have to fight against unfair and all but overwhelming odds. Let physicians all over the country look to it that the attempts of interested and self-seeking politicians and others, to foist compulsory health insurance upon us, will be foiled.

IF you are on the level and see things face to face, having the moral courage to call a spade a spade, you will understand the initials S. M. S. to mean, "Socialized Medical Subserviency". If you are of that superior clay of which uplifters are made, and view humanity from the exalted plane of a Greenwich villager with an urge, you will call it "State Medical Service." D. Fraser Harris, M. D., Professor of Physiology at Dalhousie University, Halifax, N. S., in an article in the September *Scientific Monthly,* calls it "Socialism in Excelsis" and "cooperationism"; the average medical reader of that article would label it "Damphoolism", while the easy-going public, unconscious of the damage these Herr Professors are capable of doing to the fabric of society, would call it bunk and pass on to the reading of the batting averages.

By means of this plan, so the story goes, the general public, poor fish, is to be vouchsafed state medical service and is to be graciously permitted to pay for it in increased taxes.

The common people are not to be asked (or permitted) to take part in this cooperationism; "their's not to reason why; their's but to do (be done)—and die". All the thinking will be done by the sacrosanct prominents in medical circles whose conspicuous past performances, in this or that branch of medical activity, has prompted

their hero worshipping, unpractical, medical-society colleagues to distinguish them by election to office in county, state and national medical societies with all its attendant glamour and honor and all of its responsibility to be faithful to trust.

The "Leaders" Unfaithful to their Trust

Honor and privilege carry with them duty in equal degree. Reason and law command "uberrima fides" as the measure of their guardianship of the public health and the personal well-being of the people, the ideals, traditions and institutions of the science and art of healing, the security of the practitioners upon whose conscience-governed exercise of their faculties the people depend, in the last analysis, for protection against dissolution when disease enters the home.

How is this "great good faith" being observed in these troublous days of ours? By the spoken and the written word of misinformed or treacherous leaders, by the appearance of those leaders before legislative committees, in all the splendor of military uniform and with all the glamour of presidency of a national medical organization to fortify advocacy of such vicious measures as compulsory health insurance which at that time was *sub judice* in the A. M. A., and which, one year later, became the subject of that body's emphatic condemnation; by the affiliation of these "leaders of medicine" with the forces of unrest through the officer body of such organization as the American Association for Labor Legislation and the editorial staff of its organ of expression; by means of this precious "cooperationism" with such socializing groups as the Modern Hospital Association with a view to committing the American Medical Association and the American College of Surgeons to the formation of a medical combination in restraint of trade to take over the medical end of the new "Department of Public Health and Welfare" with a Secretary in the Cabinet, under the national socialization of medicine, a bill for which is to be introduced in the Congress of 1921.

Further, this "great, good faith" is to be observed, in the respective states, by the exploitation of state medicine (health center) bills, by the prostitution of the state medical societies and the universities to the purposes of the propagandists, upon the delicious theory that:—"To get the boys back to the farm, we must have a hospital and health center in every agricultural district,"—reinforced by the *ipse dixit* of a Vaughan, in Michigan, that such a prospect would reconcile him to continue to be a "proletarian", and supported by the official publication of the New York State Health Department which countenances the threat that:—

> "The hospital and health centers, as organized in the county of Erie and particularly the city of Buffalo, will be duplicated throughout the United States within a short time, regardless of any action which legislators may or may not take."

Legislative Arrogance

Despite the fact that the people's representatives in the legislature would not tolerate the Sage-Machold State Medicine (Health Center) Bill, Senate Bill 1533, an administrative department of the Government of the State of New York takes the same insolent stand that a representative of the New York Federation of Labor took before the Senate Health and Judiciary Committee at the 1920 hearing on compulsory health insurance.

"You (the doctors) don't want this bill. What do we care! It is our will!"

For this, have we medical leaders, aye, and for more; because Assemblyman Kenyon, in urging the enactment of his Medical Practice (Re-Registration) Act, Assembly Bill 840, quoted the State Medical Society as endorsing that bill. However, the Assembly was reminded that the rank and file of the medical profession did not want it and the people would not have it because it was the fulfillment of a threat made during the campaign of 1919, against compulsory health insurance, uttered at the 11th Assembly District Chapter of the Professional Guild of Kings Co.:

> "If you refuse to make operative the Compulsory Health Insurance Bill, if passed, your license to practice medicine will be taken from you under the police power of the state."

Just what is this State Medical Service that Doctor Harris rhapsodizes about and declares to be "Socialism in Excelsis" and "cooperationism" supernal? Not the garden variety of state medicine as conducted by the Departments of Public Health, Public Works, Public Charities, and so on, whereby the state is protected against epi-

demic disease from without and from within, food and water safeguarded, food waste removed and household sanitation supervised; not at all, not at all! It is a plan whereby the state, as such, will take over the work of caring for the sick and, professorially speaking, it is really very simple, you know, like Senator Frederick M. Davenport's formula with regard to the cost, to the State of New York, of Compulsory Health Insurance, as given at the Kings Co. Young-Republican Club. "The cost will be distributed in increased efficiency and good will." Great stuff, that. coming from an erstwhile Professor of Political Economics at Hamilton (N. Y.) College. Well, the formula for "State Medical Service," according to Dr. Harris' article and the sections of the New York Bill, is simply this:

The People As Victims

1.—The people must be made to surrender their right of free choice of healer and divorce themselves from the silly notion of personal confidence in a personal doctor, accepting without question such doctor, dentist, druggist, nurse, specialist, consultant, as may be vouchsafed them, under a system of penalization, standardization, sovietization, or what you will, designed by the medical supermen in high places—the Herr Professors of Kultur: Those underlings will be assigned to you in accordance with your geographical location at the time the law is enacted and will change as you change your domicile (or your job); groups of these subdoctors will be in charge, each, of a medical foreman who shall be empowered to determine your period of illness, the extent of your treatment, the cost of your medication, the fees of your doctors, the extent of your cash benefits and whether or not you may continue to be a worker or must go on the subnormal list and receive cash benefits until you shall have attained the degree of physical perfection set down for your color, creed and previous condition of servitude, in Survey X-1111111 prepared under the authority of the Secretary of the Federal Department of Public Health and Welfare, by the statistical bureau of the American Association for Labor Legislation, viséd by an erstwhile president of the A. M. A., or a member of the Administrative Council of the A. A. L. L. (American Association for Labor Legislation (or both), reviewed by Doctor Smith, Brown, or Jones, Fellow of the American College of Surgeons, approved by the Modern Hospital Association, and published in *Modern Medicine* under the editorship of a layman.—Sounds humorous, does it not? And extravagant? And fanciful? Well, just read that Sage-Machold Bill (Senate Bill 1533) and the Medical Practice (Re-Registration) Act, Assembly Bill 840; and the Davenport Compulsory Health Insurance Bill and keep before your mind that the Law says: "The measure of the language of a statute shall be the ordinary meaning of words"—. Then, you will very soon realize that I have touched only lightly upon the vicious potentiality of this type of legislation which has become concentrated in the propaganda for State Medicine (Health Centers).

2.—The citizens must be made to surrender their independence, their domestic privacy and their self-respect to the inquisition of a social investigator and to the periodical examination of their persons for flaws, at the hands of a life-extension-institute examiner, in furtherance of the ambitions of a "Fisher for Coin". If the poor, dear workingman is found to be subnormal to the arbitrary standard referred to, he departs from the ranks of workers and must subordinate his self-reliance to dependence upon a yellow ticket for cash benefits from an insurance fund to which he and his employer contribute part and the tax payers of the state add sufficient to make up a huge deficit, annually.

The Profession As A Pawn

3.—The practitioners of medicine, in all its branches, must learn to rejoice and be glad in a new dispensation which makes them impersonal attendants of a cattleized clientele, gives them surcease from personal responsibility, makes them cogs in a huge political machine, subordinates the exercise of their faculties to the determination of a medical foreman in charge of a gang; makes them waive the privilege of choice of consultant, specialist, hospital, laboratory, and so on; makes them subordinate the balance of their personal equation to the acceptance of time-service at the expense of heart-service; makes them penalized units upon piece-working fees which substitute quantity medicine with the scramble for the dollar for quality med-

icine and the pursuit of honor and contentment, resulting in inadequately salaried units with corresponding inhibition of initiative and ambition and stimulation of cupidity and graft to secure a living competence. It makes the struggle for existence the dominant and the amplification of knowledge the servient function of his office; converts his scientific societies into centers of disputation and renders imperative the organization of labor unions to protect his family from economic disaster.

The State Subordinated

4.—The state, as such, must be prepared to surrender its democratic form of government, where the people rule through duly elected representatives, to the bureaucratic form where the people are ruled by the false dostrinaires, the Herr Professors, the professional philanthropists and busybody social surveyors who are the protégés and graduates of the schools of philanthropy, sociology and psychology maintained by the moneyed foundations, ostensibly endowed for the advancement of the brotherhood of man but really designed for his control.

5.—The state, as such, being dependent for its continued existence upon the physical health and social contentment of its people, for the ability and disposition of those people to pay the taxes necessary to provide community service of any kind that may be embraced by the policy of the government, must take thought to provide additional ways and means for financing this work, because the depreciated health and lowered morale of a people forced to submit to a conscienceless type of medical service and medication means an appreciable addition to the poverty of the state; and the fruits of industry must be taxed without regard to equitable return upon the money invested. Self-protection is the first law of nature (fiat legislation to the contrary notwithstanding). Industry will add this confiscatory taxation to the overhead, passing it on to the ultimate consumer, and it will appear as a still further increase in the cost of the things that he must eat, the things that he must drink and the raiment with which he must be clothed. AND FOR WHAT?

The Cost In Money And Man Power

6.—To make operative this socialized medical subserviency ("S. M. S."), will require an army of commissioners, deputy commissioners, superintendents, assistant superintendents, supervisors, counsel, boards of appeal and boards of arbitration, boards of managers and medical boards, psychologists and psychanalysts, sociologists, social surveyors, field and office statisticians, efficiency sharks, clerks, stenographers, advisory medical boards, medical foremen in charge of gangs, doctors, consultants, dentists, druggists, nurses, hospitals, dispensaries, laboratories, sanatoria; together with rental, light, heat, railroad, express, telephone, telegraph, postage and other communicating expenses; depreciation of property, renewals, office furniture, stationary and the multitudinous accessories of a system which begins with a state superintendent of health, appointed by a partisan governor, and runs through the entire system down to the horse which draws the ambulance, all taking their appointment by or through boards of selectmen, boards of supervisors, common councils and boards of estimates in cities of the first class, like New York City.

7.—All these things must be paid for in money which must come from the pockets of the tax payers, unless there is some magic in the formula of Senator Davenport in answer to the question "What will this Compulsory Health Insurance cost the people?" which was given with all the dignity of an erstwhile Professor of Political Economics at Hamilton College:—

"The cost will be distributed in increased efficiency and good will."

Americanism Vs. Paternalism

8.—But, the American Association for Labor Legislation says:—

"The people are spending this money today! All that we purpose doing is, to centralize that spending and to socialize, standardize, and apportion the agencies of healing and the medication appurtenant thereto so that the 'poor, dear working man' will live in a disease-free world and call us blessed for having paternalized him."

Dr. Rupert Blue, Surgeon-General of the United States, on December 30th, 1919, complimenting the medical journals of the United States in a letter, called attention to the fact that, under the present "benighted" plan of caring for the sick, with free choice of healer, with domestic privacy, personal independence, self-reliance and self-respect safeguarded, the death rate in the past twenty years has been reduced

from 17.6 to 14.2. We did not have a huge political machine such as state medicine would be, nor was the government of our states subordinated as an employment agency for the protégés and graduates of the foundation schools of sociology, psychology and philanthropy, nor were the functions of government prostituted to the dissemination of Kultur through vicious public-health legislation proceeding from the Labor Internationale held in Paris in 1901, instigated, inspired, financed and controlled by the Imperial German Government and designed to break down the physical, social and economic forces behind the lines in those countries which it was intended later to subjugate.

Just What Is Ethics?

9.—But, say the sacrosancts in the seats of the mighty, in County, State and National Medical Societies:

"We shall be the controlling spirits of the medical features of this beneficent (?) plan. We who have guided your destinies, for Lo! these many years, in the A. M. A., and in the American College of Surgeons. Have faith, my brother, in our ability and disposition to protect the ideals, standards and traditions of the healing art. Where is your *esprit de corps?* Where, your reverence for us who lead?"

Just at this point, it is only right that I should admit, there is a possibility that I may be misjudging these dignified gentlemen and that there is nothing unethical in a man being, at the same time, a President of a National Association of Medical men and a member of the Administrative Council of the American Association for Labor Legislation; which contains, as brother officers, lecturers in the Rand School for socialism. It may be *Esprit de Corps in Excelsis* for a President of the A. M. A. to use the glamour of his high office to fortify his advocacy of Compulsory Health Insurance before a senate committee, at a time when the matter is still *sub judice* in the A. M. A., only a short year before becoming the subject of that body's condemnation. It may be the pink of perfection for a state society to endorse a medical practice (re-registration) act which would make possible the fulfilment of a threat made in the course of a campaign of education against Compulsory Health Insurance (Oct. 31, 1919):

"If you refuse to make operative Compulsory Health Insurance, if passed, your license to practice medicine will be taken from you under the police power of the state."

10.—It was Gladstone who said:—"The best of men make mistakes, even I do." But, other equally wise men have said, "If thou, to thine own self, be true, thou canst not then be false to any man." And a far wiser one said: "By their fruits ye shall know them." The intimacy of relationship and the identity of propaganda of those in high places in medical circles with the forces of unrest, puts the rank and file of medical men in this country on notice that not guardianship but treachery will be the end result of blind dependence upon men who are masters, by virtue of their exalted position, but who have proven themselves servants of the propagandists of Compulsory Health Insurance, state medicine (health centers), national socialization of medicine, medical practice (re-registration) acts.

11.—It is your solemn duty to study these measures for yourself, to be conscious of your county, state and national medical citizenship, and to carry that medical citizenship to the point of warning your people, in their homes and on the street, in public halls, and in the lay press, by exhortation and in debate, of the menace to the people of legislation which would subordinate their agencies of healing as a pawn in the game of politics and "uplift."

The Right Way, the Right Time, and the Right Place to Treat Tuberculosis So as to Eliminate This Disease

A Synopsis of the Author's Twenty-Four Years' Experience in Developing and Testing a Physiological System of Plant Pharmacy

By G. R. PECKINPAUGH, M.D., Evansville, Indiana

AFTER ten or twelve years of general practice of medicine, I was keenly disappointed in internal therapeutics. We learned that medicines did not directly assist the system to build vitality, prevent and cure disease. We were taught that the real purpose of medicines is, to control or modify symptoms of disease, that medicines do not possess "healing" properties, that nature, unaided by internal therapeutics, must do the healing. And, finally, when it was demonstrated in my own home that medical science was incapable of preventing and curing tuberculosis, I was moved to devote my life to the endeavor to add something, if possible, to the existing knowledge of controlling this disease.

I started out with the idea of first obtaining as definite a knowledge as possible of the various "irregular" methods of treating disease that command the respect of honest, intelligent people. So, I took a vacation for a year and devoted the time to the study and practice of the more prominent psychological methods of treating disease, such as, suggestive therapeutics, Christian Science; also of the mechanical methods of treatment, such as, mechanotherapy, osteopathy, and others. I was convinced that each of these methods possessed merit, when applied to suitable cases. And I hoped to use them in proper cases in connection with "regular" internal medication.

Improved Methods of Plant Pharmacy Essential

After studying and working along this line for a few years, it gradually dawned on me that the greatest and most urgent need of therapeutics could not be supplied by either psychological or mechanical methods, or both combined; *but that the weak points in internal therapeutics must be strengthened by improved methods of plant pharmacy.*

It has been observed from time immemorial that every form of disease is occasionally cured spontaneously—even the most violent epilepsy and the most malignant cancer. It is known that fifty percent of tuberculous cases are cured, in the incipient stages, by unaided nature. The system obtains all its power for healing disease and maintaining health from foods. The vegetable kingdom is the basis of animal foods. All of which would seem to demonstrate most positively that the vegetable kingdom, or plant medicines, do possess healing properties. Also, that there are "natural" methods, or principles, by which these "healing" properties are extracted.

Again, it is a fact apparently overlooked, that there has been made no real improvement in fundamental principles of plant pharmacy, in all the past centuries. Prehistoric man and American Indians boiled and soaked plants endowed with medicinal properties in watery solution. Of late years, alcohol is used for that purpose. But, both water and alcohol dissolve poisonous as well as non-poisonous constituents of drugs. In fact, authorities claim that alcohol selects the poisonous properties of plants and rejects the non-poisonous, or food, properties.

In his standard work, Albert Merrell, M. D., professor of chemistry and pharmacy in the American Medical College, St. Louis, Mo. ("Digest of Materia Medica and Pharmacy"), gives the following law as standard, which has never been questioned, as follows:

"Drugs (plant medicines) contain two leading constituents, or principles,—the

poisonous or medicinal and the nutritious or nonmedicinal. Under the first head are, alkaloids, resins, glucosides, etc. Under the latter are included gums, starches, vegetable albumens, and such.

"Alcohol, the universal solvent, accurately discriminates between the medicinal, or poisonous, principles of a drug and the nutritious, or nonpoisonous, principle of a drug. The former is what is wanted in nine cases out of ten. Hence, a fluid-extract prepared with alcohol as a menstruum gives to the physician the medicinal properties of a drug in exact proportion as they exist in the crude material, and bears a positive relation, medicinally, to the drug itself." The fact that the laity are recognizing that medicines in common use are more or less poisonous is one great reason for the rapidly lessening prestige of drug methods of healing disease, and the growing favor of drugless methods.

One more fact. All must agree that the human system is an automatic machine whose motor power is, vitality or life force. This human machine is self maintaining, self adjusting and self repairing when vitality, its motor power, is kept up to normal. No one will contend that vitality can be built up and the machinery kept in working order on poisonous medicines.

Medical Science Must Follow Nature's Lead

The human system extracts the vitality building properties as well as the "healing" properties from foods, by physiological methods, or processes. Medicinal plants and food plants are similar in composition, differing in degree only. That is, all medicinal plants contain some food properties and all food plants contain some medicinal properties. Since the success of medical science depends on man's ability to assist the system in controlling disease according to nature's plans and methods, it seems reasonable that medical science should imitate nature's methods of extracting the healing food properties of plants, and in eliminating the noxious refused properties. In other words, plant pharmacy should be based on physiological principles.

A Physiological System of Pharmacy Discovered and Developed

In 1897, I and my associate, Wm. N. Weir, discovered the basic principles of plant pharmacy, which consists in imitating nature's methods of separating the healing and nutritious properties of plants from the poisonous, or noxious, properties. It is said that "Nature is simple in all her ways"; so, it was found that these principles were easily applied and well adapted to the purposes in view. All these intervening years have been assiduously devoted to developing and perfecting this system of pharmacy and in building up and testing a treatment for the prevention and cure of diseases of malnutrition, of which tuberculosis heads the list.

At present, we have a well equipped laboratory, replete with machines which work on medicinal plants much like the human system on foods—machines that imitate the functions of the lungs, the heart, the stomach and the intestines. The medicines are non-poisonous, non-habit-producing, non-alcoholic, non-secret, elegant pharmaceutical preparations consisting largely of food properties. This treatment comprises medicines adapted to each of the three natural avenues through which the system can be advantageously medicated; namely, the intestinal tract, the respiratory tract and the cutaneous surface.

Early in our experience, when the medicines were crude, our method of testing consisted in treating patients that had failed to respond to usual methods of treatment. After four or five years' experience, during which time we had observed numbers of cases of tuberculous and kindred diseases recover where other treatments had failed, we were convinced that a valuable discovery in pharmacy had been made.

Some Evidence of the Efficiency of This Treatment

In the fall of 1901, desiring to demonstrate this discovery to our physician friends in Evansville, I visited that city for that purpose (my home, at that time and for some years later, was in Mount Vernon, Ind.). The only patient I could possibly obtain, at all suitable for demonstration, was one Frank Fourer, quite a complicated case from the county-poor infirmary, who was being treated at the Deaconess Hospital of Evansville. Being a test case, he was examined by, and under the observation of, a number of physicians. The hospital records show that he had all the symptoms of well established tuberculosis, including tubercle bacilli in the sputum, hem-

orrhages, cavities, emaciation, constant fever. The case was so pronounced that one doctor remarked, "You have a stiff on which to test your new treatment". Another said, "If you can do anything with a case like that, you certainly have something."

After three months, all active symptoms had subsided, with improvement showing in every respect. Then the patient was returned to the infirmary, where he continued treatment until spring (about eight months in all). At that time, he was able to return to work in good health. He remained well for sixteen years when he died from accidental injury.

Owing to numbers of similar experiences, I devoted every resource and energy to perfecting the treatment. During all these intervening years, this treatment has been constantly used by myself and others. So, at the present time, there are numbers of physicians and hundreds of laymen in Evansville, Mount Vernon and elsewhere, who are thoroughly convinced from personal experience that this treatment has power, when rightly used, to rapidly and economically eliminate tuberculosis.

One physician (Dr. J. C. Emmick, of Mount Vernon, Ind.) who has used this treatment in his practice for almost twenty years, recently told me that, in all these years, he cannot recall a fatal case of tuberculosis where he was the regular physician. His method is, to insist on his patrons taking these medicines in minor ailments and debilitated conditions liable to develop into tuberculosis.

I myself have had a similar experience. In average homes, where three to five members have recently died of tuberculosis, threatening extinction of the entire family, the disease is readily controlled. Those not in the far advanced stages recover in the home, the others are prevented from contracting the disease, and are rendered immune by building up their vital resistance. A home is a small community. What has been repeatedy and easily accomplished in numbers of small communities can be duplicated in larger communities, in cities, counties, states and nations.

On addressing the Mount Vernon (Ind.) Medical Society (where I had previously practiced medicine for twenty-five years) at a regular meeting, all the members being present, the following resolution was passed.

Mount Vernon Medical Association

Mt. Vernon, Ind., May 27, 1913.

To Whom It May Concern:

In as much as Dr. G. R. Peckinpaugh is personally known to most of the members of this Association to be a capable physician and surgeon of large experience, a Christian gentleman, whose integrity and sincerity are beyond question; and since several of our members know that he has met with remarkable success in his treatment of tuberculosis and allied diseases, we therefore recommend that his treatment receive a careful investigation from some person or persons, interested in the subject, who have ability and facilities necessary for such investigation.

(Signed) Edwin Rinear, Pres.
(Signed) John Raines, Sec.

Tuberculosis Must Be Controlled By Prevention

The history of medicine shows that all real progress in controlling disease has been accomplished by prevention; so, in the case of smallpox, cholera and yellow fever. The surgeon of today is many times more efficient than his predecessor of fifty years ago, due to his increased skill in preventing fatal inflammation following his operations.

It is recognized that tuberculosis is somewhat easy to prevent but very difficult to cure. Experience has taught us that, after the tuberculous process has developed to the stage where the average physician is able, or rather willing, to diagnose it as such, it is no longer in the early, easily-curable stage. To cure it at this stage, requires a long time of enforced idleness on the part of the patient, excellent food and environment. In addition to all this, it requires what money can not buy and what the average person does not possess; namely, a strong will power, a personality capable of following a line of rigid instructions each and every day and hour for months at a time.

Since there are six cases of tuberculosis among the poor to one in a well-to-do family, but one in seven patients is financially able to obtain the required treatment after the disease is well established. All who have had extended experience in treating tuberculosis will agree that there are possibly fewer than one in seven patients who have the force of character to follow the strict discipline under average environments, during the necessary weeks and

months required to cure well established cases.

On the other hand, we have learned from experience that, when average persons are taught the meaning of early incipient symptoms of tuberculosis, such as, loss of energy, appetite, weight; frequent colds, exhaustion, slight fever, cough, nervousness, aches and pains; when they have ready access to medicines which have power to stop such minor ailments as a pail of water will stop the beginning of a fire in a huge building, they are not only willing but ready and anxious to use such medicines. When suitable remedies are so used, tuberculosis does not develop.

The Right Way, Time and Place To Treat Tuberculosis

Years ago, when I dedicated my all to the cause of tuberculous humanity, I laid aside all preconceived ideas, prejudices and selfish interests, being willing and anxious to follow wheresoever truth might lead. Owing to peculiarly favorable circumstances, I have faithfully lived up to that ideal. And, the truth has led me to learn and to know from actual experience, in twenty-five years of special work in hundreds of cases and scores of homes, that:—

The Right Way to treat tuberculosis, to rapidly and economically eliminate this disease is, to treat it with medicines prepared by physiological processes of pharmacy.

The Right Time to treat this disease is, in its very early incipiency, at the time when the proper functions of organs are not greatly interfered with, and the system is not overloaded with toxins; at the time when nature unaided is *able* to cure and *does* cure fifty percent of developed cases; at the time when, nature being assisted in the right way, the disease is easily controlled and rapidly eliminated.

The Right Place to treat tuberculosis is, in the home where it originates. Experience has demonstrated that, when treated in the home in the right way, and at the right time, the disease does not develop to the stage where it jeopardizes the health of others, or where hospital environments are required. Some of our best authorities have contended that tuberculosis is a disease of the home, being too prevalent in the community, too slow in its development, and too prolonged in its cure, to be successfully treated except in the home surroundings.

On the other hand, experience of the present campaign against tuberculosis, during the past ten years, shows that, in spite of the ten thousand well organized antituberculosis societies, the erection of scores of consumptive-hospitals and the expenditure of millions of dollars, *tuberculosis is on the increase among the laboring classes.* All this should be sufficient proof that antituberculosis societies, consumptive-hospitals and unlimited money resources, of themselves, can not control tuberculosis in absence of a remedy to prevent and cure this disease in the home.

However, as there will always be those who have no home, or whose home influences and environments are inimical, as well as those who will fail to take the right treatment at the right time; there will always be need for consumptive-hospitals. Still, the real work of eliminating this disease must be accomplished in the home.

Why This Discovery Has Not Been Given To The World

The originators desire to give this discovery to the world in a way to do the greatest good to the greatest number; to make public every detail of the pharmacy at the earliest practical date, and give those who are better qualified the opportunity to carry it on to greater perfection.

Realizing, however, that the public in general and scientific men in particular require to be shown, by most thorough scientific demonstration, before they will believe and accept a discovery of this kind, the originators and friends have made repeated though unsuccessful efforts to have this treatment investigated by doctors in charge of consumptive-hospitals and clinics, by boards of health, by health departments of the government and by antituberculosis societies.

The custom of employing doctors for treating disease, and of paying them no compensation for preventing it, compels them to be financially dependent on disease. Like men in other occupations, the law of self-preservation impels them to protect their financial interests. Hence, medical ethics oppose medicines to be used in the homes by the home people. For that reason, medical men in responsible positions have so far refused to investigate this

treatment, although many were personally in perfect sympathy with it, expressing their conviction that this was the method, and possibly the only method, by which tuberculosis can be controlled.

This Discovery Rightfully Belongs To The Entire People

After it was demonstrated that organized medicine was reluctant to take the initiative in demonstrating and introducing this treatment, business men made me propositions to establish a large proprietary medicine business. These offers were all I could desire, had I been willing to amass wealth at the expense of health and happiness of the home. However, I had spent my life and a fortune in working, in the spirit of true friendship and love for the sick and dying people. So, the thought of placing this most useful discovery in the patent-medicine list (which means, that the public would be required to pay a thousand percent above the cost of production for the medicines) and at the same time prejudice the best people against the work, was so revolting to my conscience that I turned down all such propositions.

I believe that this discovery belongs to the people, the entire people and not to any set, class or clan. If rightly managed, it will exert great influence towards harmonizing apparently irreconcilable factions between capital and labor. But, if it is used in a way to extort unjust profits from the poor, who should receive the greatest benefit, it will serve to increase rather than decrease the existing contention and strife. So, the originators are living under the conviction that, should their best efforts fail to give this, their life's work, to the entire people (which does not seem improbable as they are no longer young), it will be best for humanity that this discovery be buried with them.

However, we believe that there are thousands of good people of means in this country who, if they knew the facts of this work, would be glad of the opportunity to render the assistance required to give this discovery to the world in such a manner as to make it of the greatest benefit to suffering humanity.

How This Can Be Accomplished

This can be accomplished by scientific and practical demonstrations that will afford proof to all that this physiological treatment can rapidly and economically eliminate tuberculosis from a given community.

A scientific demonstration will consist in selecting a given number of cases of tuberculosis and kindred conditions, taking as perfect an inventory of the variations from health of each organ, tissue, excretion and secretion, and of the system as a whole, as is possible with the highest scientific methods attainable. These examinations are to be repeated at intervals and accurate records kept. After these variations have been corrected, the functions of various organs being restored to normal, the general conditions of the system denoting perfect health, these records will show that this treatment has power to build up vitality and cure tuberculosis. At the same time, they will show how it accomplishes these results, in such a way that the average person can easily comprehend it; which will inspire confidence.

Take as an example the intestinal tract. In a well marked case of tuberculosis, each one of the many important functions of the intestinal tract is improperly performed. There is a coated tongue, foul breath, poor appetite, more or less nausea, with very foul movements from constipated bowels. All of which indicates indigestion, putrefaction of food, poor assimilation and elimination. The decaying food, remaining in prolonged contact with the intestinal walls, weakens the resisting power of the bowel; the putrefactive products are permitted to pass through into the system like inferior shoe-leather permits water to soak through.

The flora of the intestinal tract has received much consideration of late. It was claimed by the late Professor Metchnikoff, possibly the greatest authority on the subject, and confirmed by M. Bouchard and other scientists, that the flora of the intestinal tract cannot be favorably controlled by any therapeutic method at present known to science. Strassburger concludes that, "The attempts to destroy the intestinal microbes by use of chemical agents have little chance of success."

In my opinion, one of the strong points of this treatment consists in its power to favorably control the intestinal flora. It not only assists in digesting food and stimulating the appetite, but it effectually assists in overcoming the abnormal putrefactive pro-

cesses by physiological antiseptics which stimulate and strengthen the intestinal glands, and it converts the bowel contents into a soothing intestinal poultice. In this manner, it strengthens the functions of the entire intestinal tract, overcoming indigestion, anorexia, putrefaction and constipation. With proper assistance, I believe that all necessary scientific demonstrations can be completed within a year.

A practical demonstration will consist in selecting a certain community and in eliminating tuberculosis from the homes of that community rapidly and economically. With proper cooperation of leading citizens of this community, I am certain that a convincing practical demonstration can be completed within two years. Since this work is well and favorably known in Evansville, this it would seem to be the proper location for conducting these demonstrations.

I am aware that a similar demonstration has been in operation, by the National Antituberculosis Society, at Framingham, Mass., since January, 1917, under the auspices of a corps of scientific physicians. However, our antituberculosis societies, having no efficient remedy with which to combat this disease, are like so many well organized and well drilled armies without modern scientific munitions of warfare. On the other hand, this treatment is like a machine gun with which one individual can conduct a more telling warfare against tuberculosis than a brigade armed with primitive munitions of warfare only, such as good food, environments and fresh air.

Nature Has Provided Bounteously Against Want, Poverty and Disease

"Abundance is a universal law of Nature. The evidence is conclusive. We see it on every hand. Everywhere, Nature is wasteful, lavish, extravagant. Profusion is manifest everywhere. Nowhere is economy observed in any created thing. The millions and millions of trees and plants and shrubs and flowers, the millions of animals, the vast scheme of production and reproduction where the process of creation and recreation is forever going on, all indicate the lavishness with which Nature has made provisions for man."

The materials most needful for man's comfort and well being are the most abundant. Man can live but a few minutes without air, and air is most abundant in all nature. He can live but a few days without water, and water is next in abundance. Foods most essential for man's nutrition and development are the most bountiful and economical. The same is true of material for clothing, for fuel and for constructing houses.

The storehouse of Nature is inexhaustible, not only for the comfort of the well, but for the prevention and cure of disease and the building of strong, efficient manhood. Instead of the rare plant and the costly drug being the most valuable, according to prevailing opinion, the stalwart trees of the forests are Nature's great laboratories for generating the most efficient medicines for man. And, when we see the needy paying 1,000 percent to 2,000 percent above the cost of production, for Nature's bountiful medicines necessary for the recovery of the sickly, scrofulous child to a state of health which permits it to develop into an adult that will be an asset instead of a liability to society, we must recognize it not only as an instance of man's inhumanity to man, but as short-sighted avariciousness which results in the development of disease, pauperism, crime and degeneration. Such will not be tolerated by those having the true interests of humanity at heart.

An Invitation

I invite individuals and organizations of science, means or influence, who are wishing for something better to build health and happiness of the American home, to render assistance in demonstrating this treatment in a way to prove to all that it has power to rapidly and economically eliminate tuberculosis from the home; which will be, to plant a tree that will bring forth fruit for present as well as for the future generations.

This new pharmacy is developed for one class of diseases only. It should be more easily developed for other diseases. So, it is urgent that this treatment be demonstrated by most thorough scientific and practical methods at the earliest possible date and that this new pharmacy be developed to the highest degree attainable. I am ready to cooperate with all who are unselfishly interested in improving health and promoting longevity.

Reconstructive Therapy in the Treatment of Tuberculosis

By R. H. WIGNER, O.D., M.D., D.P.H., Texarkana, Texas

EDITORIAL COMMENT—Doctor Wigner shows the importance as well as the advantages of carefully conceived and administered tonic and supporting treatment in patients ill with tuberculosis. Fortunately, we are getting away from the idea, prevalent a few years ago, that rest, fresh air and good food comprised all that was necessary for the treatment of this disease. Much more can be done. The article following below indicates the possibilities in one direction.

TUBERCULOSIS is caused by acid-fast bacilli which have many ways of invading and killing the host, and it is a disease that is only modified more or less by environment and by climatic conditions.

The action of the tubercle bacilli, and of their metabolic products, is counteracted by enzymic action of body tissues, especially the constituents of the blood. Therefore, a struggle exists between the invader and the host, which continues until the resisting power of the host overcomes the tubercle bacilli or until the invader gains the balance of power and the patient begins to lose the battle.

In such cases, the stronger enzymic action of the invader overcomes the power of resistance of the host, manifesting its destructive action upon the metabolic processes as well as in the destruction of normal tissues.

Usually, by the time active tuberculosis is recognized, the system of the host is well saturated with the tubercle bacilli and the accompanying toxins which are set free, the metabolism has been seriously disturbed, and the host has recruited and set free nonspecific toxins elaborated by the normal body-cells for the purpose of defense.

After the disease process has invaded the system, it is natural for the patient to do one of two things. Either he recovers or he succumbs to the disease.

During the process of invasion and recovery, the system has reacted to the infection to the best of its ability. If the response on the part of the system has been adequate, a complete recovery or an arrestment of the disease follows; but, if the systemic response was inadequate, a chronic condition of disease is the result; the invading forces and those of defense are in a state of siege, neither making much progress. The inherent power of immunity is so weakened that it becomes a helpless defender against the infection.

The moment the invading tubercle bacilli and their toxins gain supremacy in the battle, outside aid is necessary to reinforce the powers of resistance, to check the onslaught of the invaders and liberate the helpless defenders of the body. There is something lacking in the makeup of the patient's economy. He is not able to overcome his antagonist.

As a result of this inability on his part, nature causes changes in his system, such as emaciation, atrophy, fibrosis and other pathological alterations.

The reconstructive process, which is instituted to repair this deviation from normal condition, must make use of material that is supplied by the blood stream.

One of the first manifestations of a tuberculosis infection is, a depraved blood picture. The red blood count, as well as the hemoglobin index, is low. Therefore, the oxygen-carrying properties of the blood are impaired. The white blood corpuscles are not manufactured as fast as they are destroyed, while leucocytosis and diapedesis do not occur. In combating this subnormal condition of the blood and for a reconstructive tonic and alterative, I find in the much abused remedies, iron and arsenic, our best friends.

I use a combination of the following formula, each mil representing:

Iron Citrate	Gm. 0.05
Sodium Arsenate	Gm. 0.001
Strychnine Sulphate	Gm. 0.001
Nuclein Solution	mil (Cc.) 0.66

I give 1 mil, by intramuscular injection, every two or three days for a few weeks, with 1 mil of nuclein solution at least once a week. If the blood picture

does not show a decided improvement, I give a few doses of sodium iodide intravenously, alternated once a week with a 5-mil solution containing the following:

Iron Citrate	Gr. ¾
Sodium Cacodylate	Gr. 2
Nuclein Solution	Mil. 1

This system of medication does not produce the digestive disturbances that reconstructive tonics have a tendency to bring about in such cases, when given orally, and the period of treatment required to bring about the desired therapeutic effects upon the blood count and hemoglobin index is much shorter. I have never failed to see this desired effect upon the blood in any case of tuberculosis where one could reasonably expect a response. Likewise, the constitutional symptoms improve in exact ratio as the blood picture approaches normal.

Fissure at the Anus

Irritable or Painful Ulcer

By CHARLES J. DRUECK, M.D., Chicago, Illinois
Professor of Rectal Surgery Post Graduate Medical School and Hospital

A FISSURE is a solution of continuity of the tissues at the anus or of the anal wall, caused by traumatism due to a hard fecal mass, a foreign body, to straining at stool or at urination, and characterized by acute pain during or after each stool.

Of all the distressing lesions of the human body, there is none the suffering from which approaches in any degree that from apparently so slight a pathological lesion as a fissure of the anus, or which causes so far reaching results. Yet, if this condition is seen early and diagnosed promptly, it readily yields to treatment. Even in old cases where the patient's vigor and nervous stability have been shattered, the fissure may be cured and physical health restored. All ulcers in the rectum or anus occasion some pain; but, fissure is distinct from the destructive and extensive ulcers.

A fissure occurs more frequently in the posterior quadrant of the anus near the posterior commissure or, occasionally, in women, in the anterior quadrant; rarely upon the lateral walls.

There is a depression of soft connective tissue in the posterior rectal wall between the external and internal sphincters; fissures developing here are boat-shaped in form, the lower margin being the socalled sentinel pile or it may sometimes be more distinctly seen as a ruptured crypt of Morgagni or an enlarged anal papilla. This tear in the mucous membrane is not always at the anus but may be found anywhere from the mucocutaneous junction to the upper limit of the column of Morgagni. The majority begin at the upper limit of the anal canal, at the lower border of the internal sphincter, and extend downward. Infection readily takes place in the abraded surfaces, burrows up or down beneath the mucous membrane, or the lymphatics carry it into the ischiorectal, anterior, or posterior rectal spaces and an abscess, or perhaps, a fistula may result.

Etiology

Many plausible theories have been advanced as to the causes of fissure. These, after all, are based upon the fact that the individual has suffered with constipation which has permitted fecal masses to remain in the rectal pouch until they produced local congestion or, perhaps, pressure necrosis or ulceration, and also a general autointoxication. The mass dries out and, later, the fecal concretions which, sometimes, are stony hard, are expelled with considerable straining and difficulty, thereby dragging down and tearing the mucous membrane. The trauma may be produced by a foreign body, bones, bits of toothpick or the like in the stool, by injury with an enema tip or by the straining occasioned by coughing or sneezing. Moreover, anything which narrows the lumen of the anus such as, a polypus, stricture or congenital malformations, tends to drive a hard fecal mass unduly harshly against the mucosa as it passes. During parturition, the great stretching of the anus may tear the mucosa. The fissure may also originate from an inflam-

matory condition or from an edema at or near the anus which softens the tissues and weakens their natural resistance, as, in proctitis and colitis.

Not every tear or abrasion of the anal mucosa goes on to develop into a fissure. Many of them heal spontaneously; not all. In some instances, infection takes place in the ulcer, thereby irritating and inflaming the delicate nerve twigs, and sets up a spasm of the sphincter. This spasm in turn causes constant motion of the base of the ulcer, besides rubbing infection into the wound. Thus, we have a vicious circle established.

Fissure occurs at all ages and in all conditions of life; but particularly in young adults. In infants, it is often, though not always, an expression of syphilis. It is estimated to constitute 20 percent of all rectal disorders. There is considerable difference of opinion as to the relative frequency of fissure in men and women. Lynch claims that it occurs twice as frequently in women as in men, but Goodsall observed it oftener in the latter. The fissure is nearly always single, except when associated with chronic proctitis, gonorrhea or syphilis, where it is usually multiple. In congenitally narrow anus, recurrent attacks are noticed.

Pathology

The anal fissure is an elongated rent in the mucosa and is limited to a sulcus between two radial folds of the anal wall. It spreads up and down, not laterally, by the action of the feces against the membrane. The ulcer is very like a crack in the epidermis of the hands when chapped. If the mucosa were spread out, the ulcer would prove to be somewhat circular in outline.

Fissure occurs most frequently in the posterior and anterior commissures because the external sphincter does not give equal support to the mucocutaneous lining at these points of the circumference; hence, the mucous-membrane covering is more easily torn here. During the act of defecation, there is a tendency in forcing the fecal mass downward and outward in the act of expulsion, to push this mass thru the anal opening in the line of least resistance. A hard movement or a projection of a hard substance in the fecal mass gets caught in one of the folds or semilunar valves situated between the columns of Morgagni, and produces a tear in the delicate mucous membrane. Continuous tearing of the mucous membrane, caused by successive hard constipated movements, produces a tear in the anal opening which is checked at the mucocutaneous junction on account of the toughness of the skin, and this tear is known as "fissure". One will usually find that this fissure takes place in individuals who are suffering from constipation. The little semilunar valves are situated between the columns of Morgagni and, when they are caught by a projection of the hard fecal mass due to pressure from above during a fecal movement, a tear is produced which is arrested only owing to the toughness of the skin, at the mucocutaneous junction, where the tear cannot proceed any further.

It is chiefly in the female that we find fissures anteriorly, and that condition is usually found, not in the virgin female but in those women who have borne children. This is due to the fact that the perineum, in women who have borne many children,

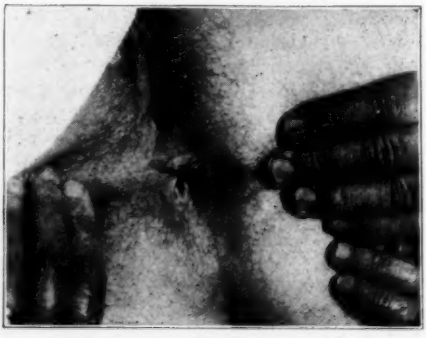

Fig. 1.—Anal Fissure in the Posterior Comma Fissure, showing the weakened edges.

has lost its power of resistance, as a result of which the posterior portion of the sphincter muscle possesses a comparatively greater amount of resistance than the weakened perineum.

The abrasion, or tear, which at first is superficial, soon becomes an ulcer, by infection. The edges are thickened by inflammation of the surrounding mucosa and undermined by the constant muscular spasm at the base of the wound (Figure 1). The whole depressed surface of the ulcer is at first bright red and bleeds easily when touched. Later, fatty, grayish granulations, mucus, pus and pseudomembrane

cover the surface. At this time, the edges are pale, indurated and distinctly undermined, with sinuses leading into the surrounding tissues. The whole ulcer and surrounding mucosa are distinctly congested and drainage is interfered with. The anus is abundantly supplied with sensory fibers and any insult to the tissues irritates the exposed filaments which reflexly cause spasm of the external sphincter. This muscle soon hypertrophies to such a degree as to become a formidable barrier to defecation.

At the lower end of the fissure, the mucous membrane or mucocutaneous border is frequently hypertrophied, resembling a pile, the socalled sentinel pile, which is sometimes divided into two parts by the fissure (Figure 2). It is excruciatingly painful to the touch and, if manipulated, brings on characteristic pains. Cicatrization and apparent healing are always going on, but there is repeated breaking down again. The ulcer may perhaps heal over temporarily; still, it will soon be torn open by hard fecal masses or by straining at stool. Such conditions alter the vascular and nerve supply to the parts.

A thoroughly inflamed fissure resembles a chancre and may be difficult to differentiate. The local history and the absence of other syphilitic symptoms are determining factors in the differential diagnosis.

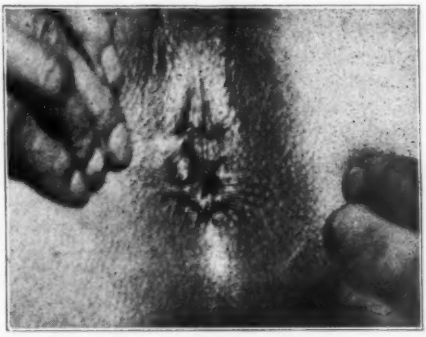

Fig. 2.—Anal Fissure Showing Sentinel Pile.

The Primary Cause of the Lack of Human Resistance to Disease

By ALCINOUS B. JAMISON, M.D., New York City

THE hygienic care of the soil and waste material in the gastrointestinal apparatus requires our best thought and care, in order that it may function properly from birth to the end of a normal existence.

Dense ignorance has ever dominated the functions of the gastrointestinal canal of all mankind. Gastrointestinal foulness and systemic toxicosis has been and continues to be the bane of human existence. Self-poisoning from the soil-pipe and eliminating tube begins in infancy and gradually increases in severity as years go by, giving rise to many various symptoms and socalled diseases.

It is a dense mind that cannot see or comprehend the absolute necessity of gastrointestinal hygiene for the maintenance of uninterrupted good health. It is a still denser mind that will treat a symptom, or symptoms, for a specific disease and ignore the pathological results of many years of chronic self-poisoning, which is the basic factor in the present organic and functional disturbance so fatal to man.

It is the densest mind of all that is unable to foresee the ultimate, dire results of toxicosis in infancy, childhood or youth, in years to come, that are so patent to one who has the ability to trace causes to their eventually logical effects on the body.

The mentally blind have no vision, no prophecy, no foresight as to future events arising from dire causes becoming all the while more and more formidable in their blighting effects on the body and mind.

"Incurable" Diseases Due to Functional Malfunction

The fact that there are so many socalled incurable diseases, points to the self-evident conclusion that the fundamental cause of them is overlooked; hence, the failure to cure or prevent them. When we can find the basic cause of the socalled incurable

diseases, we can prevent them by intelligent, hygienic foresight.

An eminent specialist and author on the diseases of the throat and nose, was asked what he regarded as a cure of these troubles. His reply was: "When the annoying symptoms are removed."

Just this sort of ineffective patchwork or makeshift treatment in the art of healing has brought the practice of medicine into great disrepute with all thinking people. It should not be so, and it is up to the doctors to redeem themselves from the reproach they now so fully deserve.

We must get at the remote fundamental cause of premature, fatal diseases, and use every effort to educate the layman as to the hygienic demands of his body; then, if he fails to heed the advice, the blame will rest on the layman and not upon members of the healing art.

In this great city, where doctors from all the medical schools of the world congregate and locate and are supposed to have superior advantages in surgery and medicine, they are nevertheless found to be very inefficient. They cannot interpret the meaning of a coated tongue, to say nothing about a chronically coated one.

Father B. sent a few young men to me for examination, and my report called forth the following remark: "It is a wonderful revelation of the inefficiency of our nerve and stomach specialists."

The Meaning of the Coated Tongue

A physician should be able to make a proper diagnosis of the approaching ills for years to come, especially between the ages of twenty and forty years, after seeing the coated tongue of an infant, child or youth.

From a coated tongue, you can tell the whole story of the one hundred and fifty symptoms, from which a neurasthenic is suffering, far better than the victim can, as he omits many of them; or you can enumerate the symptoms from which the victim is going to suffer up to the day of his death. It is easy to diagnose the ailments of a person without seeing him, simply by his picture with mouth open as observed in the various illustrated publications and on the screen in the moving-picture show.

With a little experience, you can diagnose a case of chronically coated tongue and systemic toxicosis without seeing the tongue at all, as the skin will tell the whole story, and so will a photograph showing the lines developed in the skin and muscles of the face. Better still, have the nurse cover the head and body of the patient to be examined, and, by introducing a speculum into the rectum of the infant, child, youth or adult you will be able to diagnose the past, present or even the future symptoms from which they have suffered, and will suffer if not properly treated. None are so blind mentally as those who will not observe and comprehend the relation of cause and effect in this world of ours, though many years may intervene before the final result takes place.

Humorous "Drs. Mutt & Jeff", to learning inclined, after viewing a coated tongue and being told about the digestive troubles of the sufferer, will at once resort to the use of the stomach-pump, and administer a test meal; also dilating much upon dislocations, loops, kinks, bends, and such, while all the while the cause is some thirty feet away, by the intestinal route.

A chronically coated tongue simply predicates the toxic foulness of the food-tube and sewer-pipe as well as of all the tissues of the body.

Intestinal Autointoxication

I am very close to a true clinical fact when I say that all human beings absorb into their bodies three-fourths of all the fecal and gaseous contents of their intestinal sewer daily, and not a few absorb into their system nine-tenths of their feces and gases over a long period of time.

As a rule, the symptoms of intestinal autointoxication begin in infancy and gradually extend their baneful effects on the system as years come and go. In fact, the intestinal sewer, in infants, children, youths and adults, is an abdominal cesspool that is never cleaned. Such a universal unhygienic condition of the human race today should be very humiliating to the members of the medical profession.

As we have found out, the basic cause of gastrointestinal and systemic toxic foulness is due to more or less occlusion of the lower bowels, the result of chronic proctocolitis, induration and ulceration of the tissues of the sewer-way and of its vent.

The well-nigh universal cause of the disease of the lower bowels is, the wearing

of a toxic diaper. I have examined the rectums of infants, children, youths and adults for over thirty-five years and have yet to find the first normal rectum.

The Symptoms

So much for the ever-present death-dealing cause. Now, what are the symptoms that gradually lead up to a premature death of such vast numbers of our population each year?

The early symptoms gradually becoming, as years go by, a protean monster, filling every part of the body with deleterious substances and poisonous bacteria, readily account for the great lack of physical resistance in man today. A Banshee, as it were, takes up its abode in the intestinal tube in infancy and the spirit of man at once puts out the dirty white flag (the coated tongue) as a signal of possession, distress and anarchy in the abdominal storage vault.

As the volcanic gases and foul odors constantly surge, push, pull and squirm the alvine organs, there issue from his fumarole great volumes of foul gases and, not infrequently, great quantities of débris are poured forth in forceful jets, giving rise to groans and sighs of relief. This occurs when the bilious symptoms become very active, and is called vomiting and purging.

Under the uninterrupted progress of intestinal autointoxication and autotoxemia, the physical resistance of man must fade away like the morning dew on a summer's day, which accounts for the alarming mortality of infants, children, youths and adults from incurable diseases. None escape the physical and mental blight from more or less self-poisoning.

What do the first symptoms of denutrition and its constant progress mean?

What is meant by the first symptoms of anemia and its continued progress?

What is meant by the first pallor and dryness of the skin and its continuation?

What is meant by the first symptoms of irritability and nervousness as they advance?

Blind is the physician who cannot divine their meaning long before all these dire, pent-up dynamic toxic furies break loose and destroy the victims.

The wise doctor foresees the oncoming ills and prevents them. The fool is overwhelmed by his ills and pays the full penalty for neglect.

The first hint or sign of denutrition and anemia means that the bodily resistance is on the wane; as it progresses it opens the door. One malady follows another until they have destroyed health and life altogether.

As long as physicians are without vision, without foresight, without prophecy based on clear data before them, the healing art will remain in the present noxious desuetude.

Now, we know the common or the universal cause that slowly but surely undermines bodily resistance to a stage where the long-stored-up foreign substances and poisons become alarmingly active and endanger life by their ravages.

Little drops of water make the mighty ocean; so do the little bodily symptoms, in time, send the image of God into a premature grave.

The Evil Consequences of Constipation

The human race suffers from chronic proctocolitis, chronic constipation, chronic systemic toxicosis, of which chronic rheumatism is a formidable symptom, and these conditions may exist ten, twenty, thirty or more years before becoming very annoying. The base of the neck, the shoulders, chest, back, hips, thighs and calves of the legs afford easy depositories for toxic substances, owing to the abundance of fatty, connective and glandular tissue in these regions. Naturally, from the many foci of chronic inflammation, the muscular tissues and synovial membrane of the joints are invaded by the inflammatory process. It is possible that we may yet trace the origin of cancer to the chronically inflamed fatty and glandular tissues in anemic, rheumatic and acidosic subjects. Rheumatic subjects suffer from crystallized nodules that are very painful under pressure, and which, if sufficient force is used, will be crushed. The chronically inflamed nodule may be a nucleus from which a cancer might develop in those suffering from chronic intoxation. Doctors Whittington and Chamberlain, of the Sprague Institute for the treatment of rheumatic trouble, inform me that fecal and other odors are observed in the perspiration of their patients; also, a marked acid effect upon the hands during the process of

massage. Acidosis is a prominent symptom in all cases of constipation.

When the baneful effects of chronic constipation are so patent in the tissues that constitute the walls of the body, what dire effect it must have upon the vascular and glandular organs of the chest and abdomen of man.

In severe cases of proctocolitis, we have some one hundred and fifty square-inches of inflamed, indurated and ulcerated tissues discharging exudates that are absorbed into the system. Then consider the great area from which exudates are discharged from inflamed, indurated rheumatic tissues in the regions of the body I have named, and which are absorbed into the body from decaying teeth, and chronic catarrhal inflammation, involving the mucous membrane of the organisms of man. Thus we may have a slight conception of what autotoxemia means; to which add autointoxication. At the same time, think of a dry, harsh skin that will admit but little or no moisture through its pores, while the victim has no desire to drink water or to defecate.

Is it any wonder that consumption and other fatal diseases denude our country of its population, while the doctors look on helplessly for want of knowledge as to the primary cause so early in human existence?

When we thoroughly understand bodily hygiene, and practice it, there will be a new race of men and women who will retain the bloom of youth beyond fourscore years, full of joy and sweetness beyond the power of poets to portray.

Deformed Noses and Their Surgical Correction Without Cicatrix

By B. SHERWOOD-DUNN, M.D., Nice, France
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THE trench form of warfare in the late great war gave rise to innumerable forms of wounds to the head, many of them causing serious disfigurement. The much-mourned Morristan set himself to the special work of repairing and correcting these deformities, with a success that attracted world wide attention and made his name famous.

The wide-spread comments upon his work, has induced certain surgeons to direct their energies to the correction of facial deformities other than those of war, among them being Dr. Bourguet of Paris, to whose work upon the nose this paper is devoted.

How Frenchwomen offer themselves up as martyrs to the cause of beauty is described by a well-known journalist, Helene du Taillis, who recently, paid a visit to the laboratory of Dr. Bourguet, and saw an operation in progress. The patient entered the operating room still attired in her walking dress, but with a large white robe covering her and a tight-fitting cloth holding her hair back.

She was placed in the operating chair, and, after an injection of cocaine with adrenaline, the operation was begun. The doctor was to remove two double chins and several facial wrinkles. A cut of the knife behind each ear, and the skin was rolled back to a length of about two inches, exposing the parts needing the surgeon's attention.

During the operation, the patient showed signs of nervousness, although not much pain could be felt. Her feet were beating a quick tattoo on the ground, but she appeared docile in the hands of the doctor. Nevertheless, sometimes a short nervous cry escaped her.

After the last stitch was tied and the operation completed, a mirror was handed to the rejuvenated martyr, when she could see a smooth unblemished neck and an oval, rounded face, free from the dreaded wrinkles.

Unsightly Noses Made Over

To transform a nose without leaving any trace of scar seems an impossibility, not only to those without medical knowledge but also to many doctors.

At first sight, it seems impossible to make a Grecian nose out of an aquiline one, to straighten those that are crooked and

concave, to correct the ends of drooping noses, and reduce those that are too large and bulbous, without leaving any visible cicatrix on the skin. Nevertheless, at the present time, it is possible, with surgical aid, to transform, correct and modify every unsightly nasal appendix, as can be seen by the photographs which illustrate this article.

It is not given to everyone to be beautiful, and we ought to make the best of things. Is there not a certain beauty in irregularity, and are not certain pretty little faces, quite lacking in uniformity but intelligent and amiable, often more pleasing than others which are esthetically perfect? However, we all have met those unfortunate people who have something ridiculous about their features, that produces an intensely comic effect and provokes mirth, whilst relegating their personal value to the background.

Distress Caused by Grotesque Features

Grotesqueness in a face is caused less by its general aspect than by some detail, such as an overdeveloped nose or a badly formed ear. The rest of the physiognomy may be perfect, the eyes large and bright, the mouth small and rosy. But, the ugly detail is there; it attracts one's attention and prompts comparisons. A club-foot, a withered hand, a deformity of any sort, is classed as an infirmity and awakens pity. These unhappy people, whom we treat with mingled jest and pity, are sometimes stoics who, in spite of their misfortune, proudly face the world. Usually they are forlorn folk and veritable monomaniacs about their deformity, carrying their snub, or otherwise distorted noses like a cross. They come to have a positive dread of remarks and even looks, and end by keeping aloof from everyone, finally becoming neurasthenics.

For the most part, these sufferers are silent and keep their anguish to themselves, hardly ever speaking of it even to their most intimate friends. On questioning them, when they come to ask to have their nasal deformity remedied, they expatiate to an enormous extent. On one such occasion, a mother was utterly astonished when she heard her son. She had never suspected his purgatory; she had never understood why he had always shown a certain dislike to accompanying his sister to college. "You will never believe," he told the doctor, "all that I have suffered and still suffer when walking along the street. I hear a voice say: 'Oh, look at his nose.'" And, indeed, he had an outrageously developed nose. Two months after the operation performed upon him, he came to see the doctor. "If you only knew how happy I am," he said. "I can now go about unobserved. Nobody notices me. (See Fig. 1 and 2).

Another patient, whom the doctor had operated upon in order to diminish the

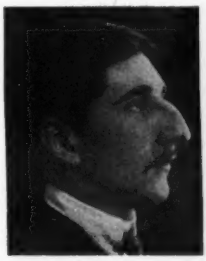

Fig. 1.

Fig. 2.

height of his nose, though not in the radical fashion which he himself desired, wrote a little later saying: "The operation which you kindly performed has improved my appearance considerably, and I am very grateful to you for it. Only, it should have been carried further in order to free me entirely from the worries and troubles I spoke to you about." This patient wished for a nose of his own pattern, and his mind would have been at rest as soon as he had obtained satisfaction. To make the doctor understand exactly what he wanted, he had measured his profile and made a drawing of his proposed nose; he had even calculated the number of millimeters that ought to be removed at the bridge and the end. Carried to this extent, the desire for a change in one's physiognomy becomes a veritable malady.

Cyrano's martyrdom is not fiction, and Rostand has depicted in a remarkable manner all the anguish and deep mental suffering of such hapless ones as he. One must see a patient's agitated gesture, on first getting possession of a mirror just after an operation, and the expression of joy on his face on noting the result, to realize that in such cases it is more than satisfied vanity—it is a veritable moral salvation. These people only wish to be like everyone else, to pass "unnoticed," as one

of them expressed it. Still, they do not wish that anyone should see the slightest trace of an operation. They prefer to keep their "corkscrew" or "beak" nose rather than that the public should see that the bistoury has been brought into play.

In fact, it is sufficient to remedy a malformation of the nasal organ to give an altogether different and improved expression to the person operated upon.

The first men to occupy themselves with esthetic surgery were two Americans, John Roe and Robert Weir. Their results were far from being perfect, if we are to judge

Fig. 3.

by the photographs accompanying their reports. In France, we have succeeded in securing the desired result; namely, that of remedying all nasal deformities without cutting the skin. The photographs pub-

Fig. 4.

lished in the present study prove better than words what the treatment accomplishes.

1. Exaggerated Development of the Septum

The upper part of the nasal partition forms the skeleton on which the skin is moulded. This skeleton, according to its size and shape, is responsible for the particular form of the nose and the individuality of the physiognomy of the person. Thus, we can have a perfectly straight nasal profile, but the distance which separates the lip from the tip may be considerable (Fig. 3), making the pointed nose. Or, again, this distance may be normal and the outline of the nose describe a more or less accented curve (Fig. 4), or a more or less developed hump (Fig. 5).

Among celebrated men of the past who had a curved or hooked nose may be men-

Fig. 5.

tioned Julius Caesar and Henri IV. This form constitutes the Roman, or Bourbon nose.

Another type that one rarely sees is the parrot-beaked nose, as it is sometimes called (Fig. 6). In this, the convexity of the curve does not extend regularly from the root to the tip but, at a short distance from the end, makes a sudden bend, turn-

Fig. 6.

ing downward and backward, thus forming a broken curve.

It is in this class, although the exaggerated growth is not that of the septum, that noses can be reduced in size, especially those that are overwide at the root.

The two lateral surfaces, instead of presenting an inclined slope, such as is seen in a normally shaped organ, are spread out and more nearly approach the horizontal. This is owing to the bony structure being very depressed or because the height of the nose is considerably less than the normal. The nose then appears ill-defined and

its line of demarcation with the checks is indistinct.

2. Deflected Noses

As a rule and in a general way, noses can be named thus which, either in part or in whole, deviate from the vertical direction of the normal axis of the face, slanting off more or less to the side, and some portion or other forming an oblique angle with the vertical. This deviation is quite independent of the general form of the nose and is as likely to be seen in a Grecian or aquiline one as in a concave nose. Such a nose is manifestly deformed, and it constitutes a deformity that, at the same time, is interesting from the point of view of esthetics, pathology, and mental science.

When not too marked, the convex nose is easily tolerated; it may be a rather exaggerated aquiline; but, we console ourselves by saying that it gives a look of nobility to the countenance which no "retroussé" nose ever could, and it is therefore not condemned. In the case of the crooked organ, though, no compromise is possible. It is nothing more nor less than an irregular nose, one that departs from all the traditions of human morphology; for, in all times it has been admitted that the normal nose is that in which the bone, starting between the two eyes, descends perpendicularly towards the mouth. The normal nose is that which in its vertical direction follows a plumb-line. Any infraction of this rule, any tendency to deviate, little or much, to the right or left of the axis, constitutes a manifestation or unesthetic independence of the highest degree.

This infringement of the symmetry of the human face forms, however, a class apart; for, each type of divergent nose involves a different expression of the physiognomy.

A convex nose gives a majestic appearance to a face; a turned-up nose suggests a shrewd, carping temperament; a concave one is vulgar, common and ugly; and a crooked one is of all others the most disagreeable. The crooked nose is not only inelegant in form, it often also results in a modification of the voice; a voice like a trumpet, or, what is more often the case, a nasal twang, which is most objectionable to the ears of listeners.

The Pathological Aspect of Deformity

Apart from the point of view of beauty, which deserves consideration, there is another concerning more particularly the deflected nose, and which is of the highest importance; namely, that of pathology. In fact, with some exceptions, malformations of whatever origin, leading to crooked noses, limit the activity and liberty of the nasal chambers. The primary result is an obstacle placed in the way of the great function of the rhinopharynx, the respiratory function. We know how important that action is and what an influence its complete functioning has on the general health of an individual and on the growth of children. It is evident that certain nasal deviations annihilate or considerably restrain the functional capacity of one at least of the nostrils, even if they do not modify that of the other, with a resulting noticeable diminution of the respiratory coefficient.

A person troubled with such a malformation is, in some ways, in the same position as he who suffers from adenoids: he breathes badly and incompletely, with the mouth open, and snores.

The respiratory act with him is generally undecided and shortened, greatly to the detriment of the pulmonary circulation, of the rational development of the thorax, and of the regular expansion of the tissue of the lungs, which, by overfunctioning collapse.

In addition to this, in compressed and twisted nasal chambers, forming salient and re-entering angles, the mucous membrane becomes irritable, congested, thickened and atrophied. Frequent and obstinate coryza and chronic catarrh are troublesome affections which may supervene, and may some day or other act unfavorably on the rhinopharynx, spread to the tonsils and thence to the larynx.

Anosmia itself may be looked upon as a possible result of nasal deflection.

One could write much more on the possible pathological consequences of such an uncorrected malformation. I will do no more than insist on the moral injury which such a nose causes to its owner; for, it is that more, perhaps, than a mere question of beauty or health.

The Demoralizing Effects

The nose being in the middle of the face, the slightest architectural aberration is noticeable to everyone, and there is no hope whatsoever that any artifice of the

toilette can hide it. The unfortunate owner has the sensation of looking grotesque every moment of his existence. A twisted nose, well off the straight line, upsets the classic symmetry, the harmonious arrangement of the human face in such a manner that it always jars and everyone notices it. The feeling of amusement on the part of the onlooker is opposed to the sorrowful one of the person contemplated and gives rise to mutual uneasiness.

The crooked nose is not of one kind only. To describe it in all its varieties would be venturesome and, certainly, useless; for, after all, in the human form there exists infinite variation, a continual gradation of shape, and he who would claim to record and catalog all the morphological aspects of the nasal appendix, and describe them with absolute exactitude and rigorous method, would be presumptuous.

Varieties of Deflected Noses

Nevertheless, one can, I think, study two main groups of deflected noses: those accidentally distorted and those naturally crooked. This is a preliminary classification—the classification of origin, which is of importance in the study of the nasal skeleton and its rectification. Each of these groups, if one studies them from the pathoanatomical point of view, and from that of the localization of lesions, can be divided into a series of subgroups, according to whether it deals with an injured nose or one naturally ill-formed.

In the case of accidents, the deviation may be of the bone proper, of the septum, or of the whole nose, thus forming three distinct subdivisions of the group. Three subdivisions are also to be met with in the case of naturally crooked noses, but here it is a question of the deformity of the bone or of the cartilages, which latter may be either malformed throughout or only locally at the end.

A few words may be said about each of these divisions and subdivisions. First of all, with regard to traumatisms, the first principle to observe is that all accidental shocks resulting in nasal deflection are lateral. It is the first condition essential for the production of the traumatically deflected organ. Whatever may be its origin, the active force must be applied laterally to the axis of the nose, otherwise it would produce a crushed and flattened feature.

Accident may affect the bones alone. A blow with a fist or a blunt instrument, a fall against a corner, are accidental agents that affect only the outside walls of the nasal skeleton. They fracture it, break it down, force it toward the septum, thus blocking up the nasal cavities and causing, on the exterior, a flat place, an angle, an indentation, or a veritable hollow, according to the violence and extent of the injury. This constitutes the first variety of accident.

In the other case, the septum alone may be affected. The accidental agent may have spared the external right and left walls of the bony skeleton to concentrate all its effect on the septum. This may result in two varieties of accident, the first of which, strictly speaking, does not enter into the category of deflected noses. In this, the septum may give way entirely and be thrown, at a more or less acute angle, towards one of the external walls, obstructing in whole or in part one of the nasal fossæ. This may be done without the exterior bone being damaged; nothing then reveals the internal condition of traumatism. Generally speaking, though, we may take it for granted that any serious accident to the nasal septum does not take place without some modification of the axis of the nose; it then has a zigzag outline.

Fig. 7.

An accident may be of such a violent nature that it not only breaks down one wall but also the septum and even the other wall of the bony framework (Fig. 7).

Besides these noses which have become modified by external circumstances, there are others which have become crooked without any apparent reason. It is no longer a question here of spoiled noses but of those that have become deformed owing to general malformation at the age of puberty.

[*To be concluded.*]

What Others are Doing

PREVENTION OF INFLUENZA

A committee appointed by the American Public Health Association at its annual meeting, held in Chicago, last November, to give a report on the disease and formulate rules for its prevention, stated in part that we should:

1. "Break the channels of communication by which the infective agent passes from one person to another.
2. "Render persons exposed to infection immune or at least more resistant by the use of vaccines.
3. "Increase the natural resistance of persons exposed to the disease by augmented healthfulness."

In *The Canadian Medical Association Journal* for December last, Dr. F. H. Wetmore, of Hampton, N. B., in discussing these possible methods of influenza prevention says that those comprised under the first heading were proved "lamentably inefficient in checking the spread of the disease." There were too many light, unrecognized cases, he says, carriers of the disease, socalled contact cases, to say nothing of the probability of healthy carriers whose actions, of course, could not possibly be controlled.

It is different with the second rule formulated by the committee, namely, to render persons exposed to infection immune or at least more resistant by the use of vaccine.

Prophylactic vaccination has been demonstrated as being highly effective in controlling smallpox, preventing outbreaks of typhoids and paratyphoid fever, in lessening the incidence of dysentery, cholera, pneumonic plague, and so forth. A suitable vaccine for prophylactic immunization against influenza, such as the one elaborated by Dr. E. C. Rosenow, of Rochester, is available; indeed, it was found decidedly beneficial in the recent "flu" epidemics.

As to its efficiency, Major F. T. Cadham, C. A. M. C., of Winnipeg, in the June number of *The Canadian Medical Association Journal*, reports the results of inoculation of 4,842 soldiers, out of 7,600 resident in the district. Of the inoculated, there were two hundred and eighty-two admissions to the influenza hospital with seventeen cases of pneumonia (6.05 percent) and five deaths (1.7 percent). Of the uninoculated, there were two hundred and thirty-eight admissions, with forty-one cases of pneumonia (17.1 percent), and seventeen deaths (7.1 percent).

Captain D. A. Macdonald, who was in charge of the hospital, states that, in the inoculated, the disease and complications were not so severe as in the uninoculated, and the average stay in hospital was only half as long. No soldier who received two inoculations died of the disease.

The Naval Training Station at San Francisco reports, in the *Journal of the American Medical Association* (March 22, 1919), marked beneficial results from the use of a mixed prophylactic vaccine.

Doctor Wetmore relates that he himself used a similar mixed stock vaccine, both for prophylactic and for therapeutic treatment and he is well satisfied that, on the whole, the combined vaccine used was beneficial for both purposes.

He declares that, prophylactically, the mixed vaccine lessens the incidence of both influenza and pneumonia, and renders the disease less severe. Therapeutically, it forestalls the toxemia and prevents complications.

Incidentally, we may add to Doctor Wetmore's discussion that the fact of influenza having occurred in people who had been inoculated does not militate against its efficiency. The point at issue is, that the incidence in those who had been immunized was very much lower than in those who had not been so protected; also that, in those who had been inoculated and yet became ill, the disease took a much milder course, which, moreover, was of briefer duration.

It is to be kept in mind that an immunity resulting from the prophylactic administration of a vaccine is rarely absolute and that it *may* be broken down by an accumu-

lation of unfavorable factors. Nevertheless, it remains a fact that prophylactic immunization very decidedly lessens the frequency as well as the severity of influenza.

THE MEDICINAL TREATMENT OF INFLUENZA

In Doctor Wetmore's article on the treatment of influenza, to which we alluded in the preceding article, some very excellent therapeutic suggestions for the medicinal treatment of patients afflicted with this disease are presented and we are glad to reproduce them herewith.

"Clear out the digestive tract early with a saline cathartic, such as epsom salts, preceded by fractional doses of calomel in case of vomiting, and repeat the saline each day unless contraindicated. Acidosis being usually present, alkaline treatment does as much good as any other, without doing harm. Some give both bicarbonate of soda, c. p., and citrate of potash, giving from 7 to 10 grains of each drug separately and alternately each hour. A third form of alkali is the lime water and milk. The treatment usually agrees well with the digestive system and the bicarbonate of soda has a tendency to gradually lessen the pains. When alkalies are administered, a somewhat smaller dose of the therapeutic vaccine is required. In view of the oncoming toxemia and tendency to vasomotor paresis, we must avoid the coaltar products as much as possible. Acetylsalicylic acid is usually given for the pains. For the cough, moderate doses of heroin (1/12 gr.) is given. Insomnia also may be treated by heroin, or a stronger opiate."

[It is to be objected to heroin that this drug has been condemned with more or less justice by the U. S. Public Health Service (CLIN. MED., 1917, p. 566 and 625). We ourselves believe that at least as good results can be secured from the administration of codeine in ¼-gr. doses as from heroin. The advantage of codeine is, that apparently it is not quite so prone to create an addiction in those predisposed to it as is heroin.—ED.]

"Circulatory failure. Some autopsies having shown disorganization of the adrenals, one would be inclined to recommend adrenalin-chloride solution for cases showing vasomotor paresis, and lowered blood pressure; and in two or three cases where it was used, Doctor Wetmore found it helpful in tiding over a weak spell. To combat the circulatory failure accompanying pneumonia, tincture of digitalis in 5 to 15-drop doses every four, six or eight hours has been used a good deal, with or without alcoholic stimulants in half-ounce doses. As in other diseases, so here, a dangerous toxemic condition would appear to be an indication for free alcoholic stimulation."

Doctor Wetmore draws attention to a condition of localized pleural effusion, which is sometimes the cause of continued high fever in pneumonia. The withdrawal, by the needle, of even a small amount of serous fluid in such a case, may start the patient on the road to recovery.

"Convalescence. The patient should be kept in bed from three to ten days after the fever disappears, according to the severity of the case.

"A good tonic for convalescence is one composed of quinine hydrochloride, ¼ to ½ grain, dilute hydrochloric acid, about 10 minims, tincture of nux vomica, 5 to 10 minims, made up with essence of pepsin to 1 dram, given after meals."

[For a good tonic to be given during convalescence, we have found in our personal experience that remarkably good results follow upon the hypodermic administration of iron citrate with sodium cacodylate and nuclein. By administering this remedy hypodermically, the digestive apparatus is left to exert its entire strength for the nutrition of the patient—which is a point of no mean importance.—ED.].

BLOOD TESTS IN STILLBIRTH CASES

The Social Hygiene Bulletin, for January, 1921, relates that Commissioner of Health Hermann M. Biggs, of New York, has addressed a letter to every physician of the state asking that a specimen of blood be examined in each instance of stillbirth, miscarriage, or abortion. It is hoped in this way to discover those cases needing antisyphilitic treatment and, thereby, to reduce the number of stillbirths.

The average number of stillbirths in New York State, during the last five years, has been slightly over 10,000 per year. The state laboratory at Albany and the branch laboratory in New York City are prepared to make the tests free of charge.

This action of Doctor Biggs is a very excellent one and, undoubtedly, will lead to

the discovery of many cases of dormant syphilis which yet carry within them the possibility of great harm.

Only recently, a case in point came very forcibly to our attention. It concerns a man now forty-one years old. Late in his teens, he was traveling with one of the smaller opera companies and, at the age of eighteen, on one occasion, while in Philadelphia, yielded to temptation. The resulting primary symptoms of lues venerea were treated effectively. A few years afterwards, this man got married, and since then there has been no other woman for him except his wife. He was clinically cured.

Unfortunately, his wife aborted in two pregnancies at the third month. No cause could be found in her, and the writer then suggested that the husband have a Wassermann test made. Unfortunately, this was not done.

Now, some twenty years later, this man of forty-one went to pieces and is hopelessly demented with paresis. His wife, still young, is thrown on her own resources and does not even have the consolation of children of her own for whom she longs with all the ardor of her affectionate nature.

Such happenings should be prevented, and obedience to Doctor Biggs' suggestion will help to prevent them.

THE LEUKOCYTIC PICTURE IN PULMONARY TUBERCULOSIS

Weill (*Ztschr. f. Tuberk.*, Leipz., 1918, 29) states that, from a diagnostic point of view, a leukocytic formula in which the large and small lymphocytes show both a relative and an absolute increase is indicative of tuberculosis. With advancing severity of the disease, a hyperleukocytosis occurs, characterized by an increase in neutrophiles. Polynuclear leukocytosis usually indicates secondary infection. [*Abstr. of Bact.*]

CONCERNING PELLAGRA

F. D. Boyd, writing in the *Edinburgh Medical Journal* for June last (*Arch. of Diag.*, July to Sept., 1920) concludes that the clinical features of pellagra are those of a profound suprarenal inadequacy; (2) that there is no evidence from the clinical and pathological findings of any specific protozoan or bacterial infection; (3) that digestive disturbance accompanied by defective secretion of hydrochloride acid leads to disturbance of pancreatic functions, defective digestion, and malassimilation of protein and fat; (4) that there appears to be an intimate connection between the proportion of biological protein in the diet and pellagra. The relation between maize and pellagra appears to be due not to any toxic properties inherent in maize, but to the poverty of maize in biological protein; (5) the disease produces a loss of resistance to the invasion of bacterial and protozoal disease, and is therefore a contributory factor to a very high rate of mortality.

THE WAX FILM FOR BURNS

The occlusive dressing is recommended by Lee (*Ther. Gaz.*, Oct., 1920) for burns of the second degree in which the blisters are broken, and for burns generally which can be treated within the first three hours after injury and can be freed from damaged or devitalized tissue, providing also that examination of the exudates shows no streptococci. As to burns of the third and fourth degrees, or clearly infected ones, it is his practice to secure surgical sterility of the wound before primary closure. For this, he depends in severe cases upon immersion for one hour daily in physiologic saline or 1-percent sodium carbonate solution, after removal of dead tissue, exposure to air under a blanket tent and temporarily dressing with paraffined lace-mesh gauze.

But, as he says, "rarely will sterility be obtained without the use of antiseptics" concurrently with removal of damaged tissues. The new chlorine compounds, as, chlorazene and dichloramine-T serve better, he agrees, than hypochlorite solutions which are irritant on account of contained alkali.

A satisfactory routine for virtually all cases, as others find, is, to irrigate with chlorazene solution (1/10-percent) previous to applying the wax dressing, which is changed every 24 hours. This allows due inspection of the wound for any possible setback, which is rare. Some prefer dichloramine-T (5-percent). Neither of these solutions is painful as is hypochlorite. One who deals with burns extensively, nearly always irrigates with dichloramine-T solution (in oil) and applies a thickness of

lace-mesh (instead of absorbent cotton); over this, a fairly thick layer of parresine. So far, he has had no mishap to lament while the simplicity of the procedure is such as to recommend it.

OVARIAN VERSUS LUTEIN EXTRACT

Graves, in the *New York Medical Journal* (Nov. 6, 1920), asserts there is no material difference between the extractives derived from the interstitial cells of the ovary proper and the secreting cells of the tiny luteal body. Functionally, the secretions are the same and clinically they are the same; so he believes. Early in his work, he gave up corpus luteum preparations in favor of the whole ovarian substance because he found the latter to be more reliable and more intensive, as a rule, than extractives from the luteal body alone.

If the secretions from different portions of the ovary differ at all, the variation is probably no more than a quantitive one. In other words, the distinction is one of degree rather than kind. This contradicts the statements from other sources that luteal extract, for example, is more effective in nausea and vomiting of pregnancy.

All ovarian preparations are useful against the troublesome hot flushes of the climacteric. In temporary functional amenorrhea, delayed menses, dribbling before and after catamenia, and small clotting, such preparations are fairly reliable. That the value of the ovarian hormones is enhanced by combination with pituitary and thyroid extractives, is problematical, according to this author. He thinks it best to give the ovarian alone, in large doses.

BENZYL BENZOATE FOR CHILDREN

Ruhräh concludes that benzyl benzoate is a very useful drug in pediatric practice. For its relaxant effect, it may well displace atropine, he thinks. From experience, he knows it to be effective in convulsions of children. He cites two such cases (*Amer. Jour. Med. Sciences,* Jan., 1921) one of which was that of a four-days old infant who was having from forty to fifty seizures a day, following circumcision. Four-drop doses well diluted were given, and, later, 2-drop doses every four hours, with results that were all one could desire; from the first, the seizures were reduced to half a dozen a day, the child was able to nurse with comfort and, eventually, made a good recovery.

For whooping-cough, as well as pylorospasm, Ruhräh is partial to atropine, though, in many cases, he thinks benzyl benzoate a good substitute, especially in view of the fact that it is a safe remedy.

In cases of bronchial distress, he found the drug most satisfactory. It controlled the wheezing, leaving the patient breathing easily. So, too, in colic due to spasm, in diarrhea and in hiccough affecting infants, it proved effective in his hands. Its apparent harmlessness is greatly in its favor. A full dram, given by mistake to a child of six years, had no bad effects.

IMMUNIZATION AGAINST YELLOW FEVER

The discovery by Dr. Hideyo Noguchi, at the Rockefeller Institute for Medical Research, of a vaccine for yellow fever, introduces a new factor in yellow fever control through the possibility of making persons immune to yellow fever by vaccination.

Heretofore, work in yellow fever control has been entirely that of prevention of infection, by controlling breeding places of the mosquito which carried the yellow fever germ. The isolation of the yellow fever organism, however, has made it possible for Doctor Noguchi to develop a serum which, it is believed, will reduce the mortality from yellow fever, and a vaccine which gives promise of protecting the non-immunes against contracting the disease.

Already, vaccination against yellow fever of people going to tropical countries is being made in New York. This work is being done at the Broad Street Hospital.

The first shipment of vaccine for yellow fever, from the Rockefeller Institute to tropical countries, was made a year ago when three hundred bottles were sent to Mexico. Other shipments have been made since then, the latest on November 10. All vaccine supplied to Mexico is sent to the Mexican Department of Health which arranges for its distribution.

The Central American Countries are so well convinced of the efficacy of Doctor Noguchi's vaccine that they are permitting travel without quarantine detention of those who have been successfully vaccinated.

Let's Talk it Over

Physicians Accounts and Collections

MILLIONS of dollars are lost annually to physicians through failure to apply simple business methods to their practice.

This loss is attributed to errors of omission and errors of commission. Nearly every physician has accounts of from hundreds to thousands of dollars on his books which he either has forgotten or fails to collect. These accounts in time become an absolute loss. Patients move to parts unknown, go insane, bankrupt, become inmates of institutions or die. Those without that category and in a position to pay go free by reason of the statute of limitations which outlaws an accounts after it becomes a certain age.

Errors of commission are found in the willingness and readiness with which the physician offers himself to the get-rich-quick promoter, fake-stock solicitor and the rest of that horde which reaps where others have sown. Millions of dollars are squandered by physicians in such enterprises while safe, profit-paying bonds and stock are ignored.

To illustrate, a certain physician in western New York died not so long ago and left his widow his entire estate. This physician had enjoyed a lucrative practice and was understood to be comparatively well off. When his estate was probated, it was discovered that its only valuable asset was, a few hundreds in the bank. The bulk of his earnings had been invested in worthless stocks, and his book accounts, totalling many thousands, were found 70 percent uncollectable. Had he consulted his attorney, his bank or a business friend, his investments would have been different. Had he used proper collection methods to gather in his accounts, his bank balance would have been respectable.

Realizing that the physician is schooled only in the principles and ethics of his profession, and, therefore, uninformed on certain business methods essential to his financial success, I am taking the liberty of offering some suggestions that may prove helpful.

Every physician, of course, has his *call book* in which he enters his calls either at the time they are made or at the conclusion of the day. These calls should be transferred to a card index file containing a card for each patient. This card can be of any convenient size. It should bear printed spaces for names, addresses, date of call, nature of illness, amount of charge and other entries the physician may make. Separate lines at the bottom should be used for entering the dates when statements were rendered.

Charge for calls should be on the left side of card. Credits should appear on the right. This file should contain only the live accounts, i. e., those accounts still unpaid. As soon as the account is paid, or found impossible of payment, or for any other reason is definitely disposed of, place it in its alphabetical order in another file kept for the purpose. This transfer of records from the call book to the card index can be done by the physician or others.

Never lose your call book, because it is the book of original entry and may have to be used some day in a law suit. Courts are strict in the admission of proper evidence and will not consider as evidence the card index or other record if it is not in the handwriting of the physician himself. The call book, therefore, is your best friend, and should be filed chronologically for ready reference.

The statute of limitations is something which every physician should familiarize himself with. This statute prevents a creditor from legally collecting a bill where the statute is pleaded by a debtor as a defense. The statute varies in its form and provisions, but it is well understood by the

debtor class who seldom fail to use it for dishonest purposes.

Assuming that the statute in your state outlaws an account in five years, it does not necessarily follow that all such accounts cannot be sued. A judgment can be obtained by default on an account of any age. The debtor must personally or by attorney plead the statute to be freed of the debt.

Nor are all accounts outlawed in five years. If a payment on account is made within the period, the account is revived for five years hence. Or if a written promise to pay is made, and the letter is preserved, the account is revived for five more years. If the account is five years old, but the debtor moved out of state, the account is legally only as old as the period he resided within the state after the account was incurred.

Physicians are often confused over the *offer of a third party to pay the debts of a second party.* Unless such promises are made in writing, they are not legal. This is the case in New York state and, I believe, is true of other states. Friends and relatives of the sick will most courageously agree to pay the bill if only the doctor will call—and call in a hurry, too. Afterwards, however, their memory becomes poor and the doctor finds one more case chargeable to charity. The time to act is, when the promise is made. Execute a note, an I. O. U. or other written evidence of indebtedness and have it signed promptly, and the physician will have less to worry about.

And, lastly, let physicians adopt the practice of *sending out statements regularly.* Indicate on your card index the dates when statements are mailed; send at least three. Then, in the event of no payment or explanation, the account is ready for your collector, collection agency, attorney or whatever collection medium you prefer. Remember that, while your account is being neglected, others are being paid; that money in the patient's pocket might better be in yours than squandered in luxury and recreation; that the business man is watching his collections and making his profits through the application of business methods. The physician can do likewise.

W. P. TAYLOR.

Buffalo, N. Y.

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[This brief article, by the President of the Creditors Commercial Corporation, of Buffalo, N. Y., is timely and may, it is hoped, incite many physicians to give proper attention to the collecting of their accounts. The pauperizing of people, who are able to pay their debts—with a little coaxing—should be made a criminal offense. Physicians are too often guilty in that respect.—ED.]

THE DOCTORS OF TOMORROW

With reference to Dr. Celsor's article, in the December issue of CLINICAL MEDICINE, regarding the impending shortage of doctors, I cannot resist saying a word.

As the doctor has well said, it is beginning to look somewhat alarming, as is evidenced by conditions in his and several of the surrounding counties. Only about seven doctors, now, in each and none of them less than fifty—not a young man to take their place. There will be a period without doctors there, in any case and before anything can be done to relieve it.

We want to raise the standard of the doctors, and this is very necessary, but the standard needs to be raised in every other vocation of life just as badly, many of them much worse, as there are vocations whose disciples are more deficient than the doctor is now in his profession. That is no reason, though, why the standard of the doctor should not be raised. Still, we do not want to raise it so fast and so high that we get him out of reach of the coming generation. Yet, that seems very much what we are about to do.

I do not exactly agree with Dr. Celsor, that any doctor is better than no doctor. I have seen cases where it would have been best to have had none. Though these are extremes, we need not go to either extreme—one so high that we cannot reach it and the other so low that we cannot tolerate it. My experience through twenty-five years of practice of medicine has taught me that the mean in all matters is generally the best and that extremes are often dangerous. If we will follow the line of the mean for a while, until we see whether these vacancies are going to be filled or not, it would scarcely be a bad thing.

There are always two sides to everything and neither of them is so bad that it is not worth considering.

Let's look at the first-aid nurse proposition as sometimes suggested, that will help

to compensate the shortage of doctors, relieve them of minor details and, thereby, enable fewer of them to do the work.

What now is the difference between being under the care of a first-aid nurse with no physician to supervise and being under a two- or three-year course doctor, or, rather, medical student? Which of the two places would you rather occupy? I, for my part, would rather be under the care of a two- or three-year medical student that has had a high school course before entering medicine. I think I would much rather be under such a fellow's care than in charge of a nurse with possibly an eighth grade course and only a nurse's regular training.

If every sick person could be at a hospital and have a doctor see them once, at the first of the trouble, instructions being given to a competent nurse, most of the cases would, no doubt, come out well. But, would they come out any better than they do now in the case of our tenth-grade men with four years in medicine? True, not every patient receives that care, as there are many poor fellows who are not fortunate enough to be in hospital and can not even have the advantage of the one visit of the physician.

If we can get a high standard without having this great gulf to span, very well; but, we do not want to go faster than we can take up the slack after us.

We do not want to lower the standard of our medical colleges in the least or that of any other of our schools; we want to get them to the very highest degree of proficiency possible that money and brains can reach. However, it would not do to compel every fellow to reach this high pinnacle for. they can not all reach it. There are many that could, yet—would they be willing to start out on a road so long and difficult when the goal can be reached in much shorter and cheaper ways? This is one of the greatest questions now confronting us.

In our experience, we have seen doctors who had started their medical studies with very little literary training and that were more successful and practical doctors than some others whose educational training and advantages were the best. Indeed, some of these very fellows were sad failures. It does not all lie in the school preparation. Someone may say, what would this practical man have done if compelled to submit to long, thorough training? What would he have done? He simply would have done something else, as he was a practical man, anxious, ambitious and eager to get into the fight, not content to spend half of the best years of his life in getting ready for something that he had no great assurance would be a success. There never has been, and never will be, a way of determining positively that every one completing the course of medicine will be successful. Many a man feels he has success well assured in another vocation and half of his fortune made in it by the time he is only launched in the professional world.

These long and thoroughly prepared courses are exactly the thing for some and they have their reward. Unfortunately, the man that reaches his goal is not going to wait on the humble fellow who comprises the greater portion of our population. This humble fellow will never be able to compensate the educated man for the services that his labor and time have cost. What are we going to do about this phase of the question? Are you going to put a portion of our people on public charity, the fees necessary to come from public sources, and develop the thing into socialism? Seems this is where extravagant ideas along this line will lead.

Years before I graduated, the state of Tennessee gave temporary licenses to those who were able to pass the temporary examination after having taken a two years' course. This license was good for three years. I took one of these examinations and was granted a license. I believe that I saved many lives that would not have been saved otherwise; as sometimes that was their only chance. These patients were better off than in the hands of a first-aid nurse, although my qualifications were limited as compared to those of a two-year man of today. Two years, with our knowledge of medicine twenty-five years ago, would put out a man that was a life-saver; then, would not two years, now, prepare him much better? The idea is this, two years of instructions with our present knowledge of medicine, with modern methods, would be worth much more than the two years of what they had to give them. Here is the thought: The student of today is getting a so much better quality of medical instruction that he does not need so much quantity. If he does not aspire to the highest degree, he yet will fill a useful place, as the small wheel in the

machine cannot be left out any more than the larger one, nor can you have all the wheels large ones. One way would be about as impractical as the other.

This two-year course should be raised to three years, the preliminary training being raised. Then, the three-year man might be licensed on a probation. If his success is such as to justify his going on, he should be required at least a review-course of six weeks, every five years. The full graduate who has complied with all the lengthy literary training and full medical training would not be compelled to take post-graduate courses. Those probationers who were made of the right stuff, would then strive to reach the highest standards and to go to the top despite their handicap.

A system along these lines would supply all places, however remote, with reasonably competent medical services.

A. C. BYARS, M. D.

Wilburton, Okla.

A COLD

(With Apologies to Somebody)

A cold is not a cold to me—
It's Nature's way to tell
That I've been dining recently,
Not wisely, but, too well.

A snuffly nose has come to mean
That I've enjoyed, erstwhile,
Some breaded pork chops, nestled deep
In sweet spuds, "Southern Style."
And when I puff germ-laden coughs
At "L" trains full of boobs,
I know it's lobster, broiled alive
That fouls my bronchial tubes!

Or else, perchance, a wondrous steak
With onions crisp and brown
Has made my liver make of me
A menace to the town.

Or it might be a chunk of cheese
Or mince pie, hot and sweet,
So, a cold is not a cold to me—
It's just, too much to eat!

EMMA TOLMAN EAST.

Chicago, Ill.

THE UNSELFISH BUT BLINDLY-FOOLISH MEDICAL PROFESSION

In the *Illinois Medical Journal* (Sept., 1920), Dr. G. Frank Lydston contributes one of his characteristic scolding articles on the smug, self-complacent, tom-foolish fatuousness of the individual members of the medical profession, even in the face of seriously injurious legislation impending. The article is written in the best Lydstonesque procurable and closes with the following sensible advice (too sensible to be followed by physicians, we fear).

Here are some of the things we should do:

1. Swat compulsory health insurance whenever and wherever it raises its venomous head.

2. Swat appropriations for such schemes as the proposed $15,000,000 group of state hospitals and laboratories for Illinois. Don't let "special pleaders", i. e., job holders, job seekers and men who are ambitious for personal glory at the expense of the profession, fool you.

3. Swat that lovely scheme to induce the U. S. Government to assume charge of all the venereal practice in America. If the government ever should assume control, and showed the same degree of intelligence and efficiency as in the recent war, heaven help the country!

4. Swat the scheme for a big appropriation by the government for "advancement of medical science." It does not require more than one guess to determine who would "run the show" and spend the money. (Still, I "dunno." Two factions are after it.) Government control would mean medical "gang" control. The "advancement of medical science" sometimes masks much self-seeking, unholy, medicopolitical ambition.

5. Swat the scheme for a medical cabinet officer—swat it twice. It means more "gang" stuff.

6. Swat, and swat hard, every medical man who accepts, without pay, state, municipal and government jobs. They can be swatted easily enough. "Blacklist" them and cut off their "referred work," and watch them take to the "tall timber." Also, fire them from our medical societies. A certain state representative, speaking of doctors, recently said: "Hell! We can get all them fellers we want, for nothin'."

7. Establish some sort of a salary and fee standard for public and corporation service, and make our society members live up to it—the profession should not be content with crumbs from the public and big business tables. In brief, show a little of the *esprit de corps* of the hod-carriers' union. Incidentally, let the doctor stand by the doctor—less knocking and more boost-

ing of the profession, for the profession, and by the profession.

8. Cease wearing that mawkish, hypocritical camouflage of the "dear public" and admit that medicine is a vocation, the practioners of which are as much entitled to a fair show in the struggle for existence as are those of any other. Less "dear public" and more "dear doctor" is in order. If we must go on in the old way, then let us demand consistency on the part of the "dear public." (Imagine how your landlord, grocer, butcher, shoemaker, et al.—to say nothing of the tax gatherers—would howl at this!) The medical profession always has done, and always will do, more than its share of charity work; but, it is high time it ceased doing the other fellow's.

The doctor should demand a fair chance in the battle of life. It may be a generous world, but all the same, if the skies ever should rain soup, the business man would be handed a bowl—the doctor a two-tined fork.

The dear public demands so much of us and so little of the quack that it is a wonder that so few medical men depart from the straight and narrow path—the more especially as certain medical men in high places "put over" such raw stuff.

9. Babble less of ethics, that bogey man devised by the monopolistic medical "Wiseheimers" to frighten the medical babies, and devote less attention to medical politics and more to the "garden" variety. Votes, Votes, and More Votes—these are the only arguments that your legislator will listen to, except—well, something of which the quack and the patent medicine man, and some other people seem to have plenty—when legislation adverse to them is in prospect. A highly cultured member of the Illinois state legislature once remarked to me; "If youse guys wanta put anything troo, ya gotta kiss it troo."

We need more medical men in politics—of the kind who will be loyal to the profession. And, let us so conduct ourselves that entering politics does not spell professional ruin for the doctor.

10. Organize a national federation of new societies, the principal business of which shall be, to battle for the best interests of the rank and file of the profession. An association of 50 000 with dues of five dollars per year, devoted to the publication of propaganda with a punch and to practical politics instead of to God knows what, might help some. Let any respectable, legally licensed practitioner be eligible to membership. Why call it a "union"? Here's where camouflage is of practical value. I could put my finger on several associations which are run by and for the few at the expense of the many, under the cloak of "scientific advancement." Well, let's have a great association labeled "scientific," which shall be run for the social, economic and political advancement of the many.

A competitor of existing medical organizations? Oh, no! the new one would not do the things the old ones have done, and would do the things the old ones have left undone. Incidentally, if any of the old organizations should construe the new movement as an attack upon them, or as an attempt to organize competition, so much the worse for them. The new association can do a hundred things for the benefit of the profession without touching anything which the old ones ever did. At best, they have "fallen down." "If this be treason, make the most of it," and if what I have said be professionally selfish, make the most of that also.

THE DOCTOR'S BUSINESS

With regard to several articles on the business side of the practice of medicine, I have observed that several of the doctors seemed to have a good practice and still were never able to save anything. I am surprised that they can cover even their living expenses if they collect only a small part of their earnings.

I have always tried to do as nearly as possible a cash business and, I think, I am fairly successful. Last year (1920) I collected 97.1 percent of my accounts. In 1919, I collected 95 percent of my booked charges. I do not have as many book accounts as some do, and in the office nearly all my patients pay cash.

I dispense most of my medicines myself, and expect to be paid for them. The patients do not expect the druggist to trust them; why should I do so?

If a doctor is doing business in a slipshod manner, he will have plenty of book accounts that are absolutely unnecessary. There may be a lot of people that are unable to pay; but, personally, I have never had many of that kind.

I send out my statements when I am through with a case and expect to have

some kind of a settlement made at that time. If it is a surgical case I ask to have a payment made at the time of the operation, a definite time being set for the payment of the balance. In obstetrical cases, I have the patient make a deposit at the time he engages me; on dismissing the patient, I expect a full settlement. I find that the patient is better satisfied and I know that I am.

If there are any people that like to work for nothing, I have never seen them. Why should people expect a doctor to trust them when their own friends will not do so? If a patient does not pay me in a very reasonable time, I am better off if he quits me at once than I am to have him keep on getting a larger bill which he never intends to pay.

I send out statements every month and in some cases every two weeks. If no payment is made or some reason given, I set the bill aside for collection after three statements have been sent. I have never had very many people take offense and I know a good many that have still employed me; then, they were more prompt in making their settlements.

I have a large general practice; in fact, more work than I should do. Therefore, why should I be afraid of losing a poor-pay patient? There are so many places where a patient can receive good care absolutely free, that I do not think the medical men should be made the goat for all charity work.

In my opinion, all the staff doctors in hospitals should be paid for their work. Why should so much be expected of one particular class of people? You do not see any of the trades doing a lot of work without pay. If the time ever comes when we have compulsory health insurance, I shall be looking for another job. The fees are small enough now and people would expect still more attention, if they could call a doctor as many times as they wished for the same outlay per year.

Possibly, I have said too much on this subject, but I think that the medical profession has been too careless in business matters. Many doctors are inclined to make out that their patients are poorer than they really are. Although many patients are unable to pay excessive charges, nearly all can pay something. A patient that pays always feels more free to come to a doctor even if he knows that he is paying a reduced charge.

HARRISON G. PALMER.

Detroit, Mich.

AN OPEN LOCATION.

I expect to be moving from Georgetown, Ohio, the county seat town in Brown Co., 45 miles from Cincinnati, east (on Electric Ry., the C. G. & P.), not later than March 15th next, and have a very comfortable 12 room, 2-story brick residence and office within, a working drug stock, office equipment, library, instruments, desk, typewriter and many other necessaries for practice; also furnishings of the home. All these I would be glad to turn over to a reputable doctor for a sum far less than it could be replaced for today.

I am employed, part time, by the county board of health as commissioner of the county, and am a designated examiner under U. S. Public Health Service for the county and nearby territory. The commissionership carries a salary of $2,000.00 per year, and the U. S. P. H. S. work brings in fees as large as insurance examinations. I can exert considerable influence toward transferring these appointments to a successor, though I cannot guarantee to do so, as they are appointive and beyond my control.

I intend to drop the practice of medicine for an indefinite time in order to devote my time to the operation of a registered Holstein, tuberculosis-free dairy farm in western Pennsylvania.

This property and location has been a doctor's layout for many long years and, of late, has been used as a rather select hotel for traveling men. There is a four-car garage; the house is modernly equipped except bath and water under pressure. It stands on a fine corner in the business district.

All this, and a good introduction will be given to some doctor who will put down $4,000. and sign papers for $2,000 in addition.

E. D. JACKSON.

Georgetown, Ohio,
216 South Main St.

A LETTER TO JAMES WHITCOMB RILEY

The other day, our good friend Dr. H. C. Bennett, of Lima, Ohio, sent us the subjoined letter which he had sent to Mr. Riley shortly before the latter's death. As a matte of fact, James Whitcomb Riley is not dead and can not die. He lives in the hearts of too many of us than that he could ever pass away. So, even though the message sent by Doctor Bennett is several years old, and even though its recipient is no longer among us in person, we have thought

that many of our subscribers, who feel as we do about James Whitcomb Riley, would be glad to read this letter.

—

Fri'nd Riley:
Say, how's me fri'nd Riley, o' Lockerby street?
The top o' the mornin' t' ye, now is me greet,
For sure ye 're the bye thot kin show thim the way,
An' thot 's why I'm askin', how's Riley today?

Now tell me, fri'nd Riley, o' Lockerby street,
How's the world used ye, since last we did meet?
I hope ye 're improvin' in sperret an' health,
An' have your allotment o' pleasure an' wealth.

There 's nothin', fri'nd Riley, o' Lockerby street,
'U'd give me more pleasure 'n to sit at your feet,
An' hear ye palaver 'bout verses an' rhyme,
An' list' to your readin', a short bit o' time.

They tell me, fri'nd Riley, o' Lockerby street,
Thot we 're growin' old, an' time 's passin' fleet;
Be thot as it may, when the story be told,
'Tis the body alone, not the heart thot grows old.

God bless ye, fri'nd Riley, o' Lockerby street,
An' keep your heart young, an' long may it beat,
Like the chune o' your verses, to make us all glad,
There 's nothin' too good for ye, Riley, me lad.

To be, me fri'nd Riley, o' Lockerby street,
Once more in your prisince, 'u'd be a great treat,
'Tis hopin' an' wishin' I am, thot some day,
'Fore long, I'll be trav'lin' down Lockerby way.

Meanwhile, if ye 're willin', 'twould be mighty fine,
To hear from ye, Riley, if only a line,
For me heart keeps a warmin', with memory sweet,
Fer me fri'nd, Jimmy Riley, o' Lockerby street.

Homer Clark Bennett.
Lima, Ohio, March 21, 1915.

COMPETITIVE EXAMINATION FOR THE FEDERAL CIVIL SERVICE

The United States Civil Service Commission announces open competitive examinations for the position of senior assistant physician ($2,500 to $3,500 a year); assistant physician ($2,000 to $2,500 a year); and junior assistant physician ($1,500 to $2,500 a year). Vacancies in St. Elizabeth's Hospital, Washington, D. C., at the salaries indicated, and any positions requiring similar qualifications, at the same or at higher or lower salaries, will be filled from these examinations unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer or promotion.

Applications must be received on or before March 22. They should be written out on Form 2118, which is obtained (stating the title of the examination desired) from the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Calif.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, excluding the county officer's certificate, but including the medical certificate, and must be filed with the Civil Service Commission, Washington, D. C., with the material required, prior to the hour of closing business on March 22, 1921.

The exact title of the examination desired, as given at the head of this announcement, should be stated in the application form.

TO ALL THOSE WHO POSSESS OR COLLECT POSTAGE STAMPS

The Save the Children Fund, Central Union, which enjoys the distinguished patronage of the International Red Cross Committee of Geneva, deems it its duty to inform all those who possess, collect or exchange postage stamps that, with the disinterested assistance of the Philatelic Union of Geneva, a Stamps Subcommittee has been formed for the purpose of helping the children who have suffered through the war.

This subcommittee is organizing a collection of postage stamps all over the world, and collectors, big and little, are requested kindly to send to the committee their contributions in the shape of duplicates, rare specimens and ordinary stamps, all of which will be equally welcomed.

All arrangements—such as, classification, division into albums, sales by auction, and the sale of ordinary stamps by weight, the formation of complete sets, the collation of wrappers and of old and modern envelopes, etc.—are in the hands of dis-

tinguished personages in the Philatelic World.

It is hoped by this effort to benefit the little sufferers, who count their hundreds of thousands, nay, millions, not only in Central and Eastern Europe, Italy, Armenia, but also in the devastated areas of France, Italy and Belgium.

All you who collect stamps, give some of your doubles! Sacrifice them for this humanitarian cause of vital importance! Save thousands of children! This sacrifice will not detract from your collection but will, on the contrary, add new glory to Philately and Philanthropy.

Collectors of the world, dealers, amateurs who possess somewhere an old stamp, an old stamped envelope, some rarity perhaps overlooked by you but which may mean much for the work, do not delay; send your generous offering, under registered cover, to the office of the "Save the Children Fund:" Central Union, 4, Rue Massot, Geneva, Switzerland.

"OBSOLETE" DRUGS

Reading the article in January's number of THE CLINIC, titled "What is Obsolete in Drugs," puts one to thinking. How is it that such great contrasts in ideas prevail among regular users of one and same thing? Still, I wonder whether many of the critics are regular users of certain drugs. They can not be, or, else. difference in the purity of the preparations under consideration enters as an important factor.

I have a formula that I would like the readers of CLINICAL MEDICINE to try out, and this formula contains three of these obsolete drugs. Here is the formula: Tr. cannabis indica; tr. gelsemium, tr. nux vomica; spec. tr. matricaria (equal portions.).

Experience in over twenty years of practice and continued search for a stomachic and a nerve sedative combined (as we so often find the two indicated) have led up to this formula. In almost every case of indigestion, we have more or less nervousness and hysteria. Often, this preparation proves very beneficial in nervousness associated with the ordinary gynecological afflictions. After using this a while, one will almost fall into a habit of prescribing it in a great many cases of undefined indications as well as in cases where they are well defined.

Twenty drops are ordered taken every three hours by the more nervous, especially by hysterical patients with poor appetite and weak digestion; three to four times a day before meals and at bedtime in the less marked cases. The dose at bedtime assures a much better night's rest, when the patient is inclined to insomnia. Follow the dose with a few sips of water, as hot as it can be taken. Those who are not familiar with matricaria, I would urge to look up Lloyd's literature; they will then readily see why the drug is in this formula.

The use of this combination in properly selected cases will, I think, restore very greatly the lost confidence in these drugs.

Another drug, I would like to call attention to, is sanguinarin nitrate. The cases where I have found this preparation very useful are those of bronchitis and bronchopneumonia with a tendency to bronchorrhea, especially in very small children; though I have seen some very decisive effects in adults.

One instance I would like to relate. A man aged 45, having had several attacks of pneumonia, was called to a neighboring town and fell ill with pneumonia with a bronchorrhea. The local physician having practically given up the case, I was called in consultation, as I was the patient's family physician. I saw him at about 4 p. m., strangling with expectoration, very unhopeful of getting through the night.

I began the heroic use of the sanguinarin nitrate, in connection with strychnine nitrate in moderate doses. However, he had been using some strychnine with some other drugs. But little other change in treatment was suggested. I stayed with the patient through the night and, by morning, he was taking care of the secretion with much more ease, continuing to improve to final recovery.

In very small children, this excessive secretion, we find, is a very common occurrence and, in my earlier days of practice, I was inclined to give ipecac and ammonia. These drugs, though, only increased the bronchial secretions and, often, I saw the little patients choke up, become cyanotic and—you know what next.

Somehow, I came to use sanguinarin nitrate. How, I do not know, as the

Materia Medica does not recommend it very strongly. Still, I was hunting for something that would give better results in these cases. The sanguinarin would clear them up, improvement beginning to show very soon. So, I acquired the habit of making sanguinarin one of my first thoughts in pneumonia. After giving a thorough course of calomel and salines (not a mild course, but a thorough course), accompanied with aconitine sufficient to produce a softening of pulse, I now follow this up with the sanguinarin and strychnine nitrate, increasing the doses as indicated. With this treatment, I soon lost a great portion of my fears of pneumonia which I had great cause to entertain in the earlier days of my practice and under the old methods and ideas.

It is claimed that pneumonia will run its course any way. If I thought that, I should be honest enough to give up the practice of medicine.

Pneumonia is one of the conditions where the "obsolete" aconitine shows its value; if properly used and if the right preparation is employed, it will not betray you.

The old idea that aconite is dangerous has no more grounds than it has in numbers of other preparations, providing that they be properly used. That, though, is wherein the physician is supposed to be better than the layman. A drug with no kick would certainly be an inert, worthless thing.

A. C. Byars.

Wilburton, Okla.

PROFESSIONAL INCOME TAX

How the Federal Tax Applies to the Men of the Professions

[Unfortunately, the subjoined, authoritative statement, from the U. S. Bureau of Internal Revenue, was received too late for publication in the February issue of Clinical Medicine. As many physicians do not hand in their returns until the first half of March, however, we believe that it is not too late to publish the statement and, perhaps, pass on information that will prove of service to one or the other of our readers.—Ed.]

To the professional man, the problem of correctly making out an income tax return for the year 1920 is somewhat more involved than that presented to the salaried man. The wage earner on a fixed salary has an accurate estimate of the amount of compensation received for personal services, while the professional man's income varies from year to year. In the professional class may be included the physician, dentist, lawyer, architect, veterinarian, author and clergyman. Each must figure up his net income for the last year. If single or if married and not living with his wife and his net income was $1,000 or more, or if married and living with his wife and his net income was $2,000 or more, a return must be filed.

The exemptions are the same as for the year 1919. $1,000 for single persons and $2,000 for married persons living with husband or wife, and heads of families, plus $200 for each person dependent upon the taxpayer if such persons are under 18 years of age, or incapable of self-support because mentally or physically defective. The period for filing returns is from January 1 to March 15, 1921.

The professional man must make a return of all fees, salaries and other compensation for services rendered, together with income from all other sources. If he keeps his accounts on the "receipts and disbursement" basis—which means a record of the amount received and the amount paid for expenses—he should file his income tax return for the year 1920 on that basis. If he keeps books showing income accrued and expenses incurred during the year, he must make his return from his books and include all income, even though not entered on his books. If books are kept on the accrual basis the taxpayer must include all income that accrued, even though not actually received, and may deduct items of expense, although not actually paid. Both the receipts and disbursement basis and the accrual basis are explained in instructions on the forms for filing individual returns of income.

This constitutes the gross income from which the taxpayer is allowed certain deductions in arriving at the net income upon which the tax is assessed. Among such deductions are, the cost of supplies used by him in the practice of his profession, expenses paid in the operation and repair of an automobile used exclusively in making professional calls, dues to professional societies and subscriptions to professional journals, rent paid for office

room, expense of fuel, light, water, telephone used in his office, and the hire of office assistants. Amounts expended for books, furniture and professional instruments and equipment of a permanent character are not allowable deductions. In the case of a professional man who maintains an office, but incidentally receives at his home patients, clients, or other callers in connection with his professional work, no part of the rent of the home is deductible. If, however, he uses part of the house for his office, such portion of the rent as is properly attributable to such office is a deductible item.

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A reasonable allowance is made for depreciation, or wear and tear of equipment and instruments used by professional men. When, through some new invention or radical change in methods or similar circumstances, the usefulness in his profession of some or all of his instruments or other equipment is suddenly terminated, so that he discards such asset permanently from use, he may claim as a loss for that year the difference between the cost (reduced by reasonable adjustment for wear and tear it has undergone) and its junk, or salvage, value. If the apparatus was owned prior to March 1, 1913—the date the first income tax law became effective—its fair market value at that date should be considered instead of its cost in figures of depreciation and obsolescence.

Deductions for uncollectible fees form an important item in the returns of many professional men. To be allowed as a deduction, a debt must be worthless and must have been charged off within the year in which its worthlessness was discovered. The return must show evidence of a manner in which discovery was made. For example, statement should be made that the debtor has been discharged from bankruptcy or has disappeared leaving no trace, or that all ordinary means of collections have been exhausted.

A debt proved to be worthless is not always a proper deduction. Unpaid amounts representing fees for professional services are not allowed as deductions unless included as income in the return for the year in which the deduction is sought or in a previous year. The fact that expected income was not received does not reduce the taxable income. If a debt is forgiven it can not be deducted, because it is then regarded as a gift. A debt may not be charged off or deducted in part, but must be wholly worthless before any part can be deducted.

Compensation in any form for professional services must be included as income. If a physician, lawyer, or other professional man should receive from a merchant goods in payment for professional services, the fair market value of such goods must be included as net income.

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Forms for filing returns are now available at offices of collectors of internal revenue and branch offices. Collectors will mail to each person, who last year filed a return, a copy of the return form for 1920. Failure to receive a form, however, does not relieve a taxpayer of his obligation to file a return and pay the tax on time. Taxpayers whose net income for the year 1920 was $5,000 or less should use Form 1040A. Those whose net income was in excess of $5,000 should use Form 1040.

In addition to the individual forms, partnerships must file a return of income, or even if there was no net income, on Form 1065. Partnerships as such are not subject to the income tax. Individuals carrying on business in partnership, however, are taxable upon their distributive shares of the net income of such partnerships whether distributed or not and are required to include such shares in their individual returns. The return must show the name and address of each partner and his share of net income.

The tax this year, as last, may be paid in full at the time of filing the return—on or before March 15, 1921—or in four equal installments, due on or before March 15, June 15, September 15, and December 15. Payment may be made by cash, money order or check, which should be made payable to "Collector of Internal Revenue". The return must be filed with the collector for the district in which the taxpayer lives or has his principal place of business. Heavy penalties are provided by the revenue act for failure to file a return and pay the tax within the time prescribed by law.

INSTRUCTION OF PATIENTS WITH VENEREAL DISEASE

Why is it that many physicians when treating male patients for gonorrhea, do

not explain carefully the nature of the disease and the dangers incurred in neglecting proper treatment? Several years ago, I contracted what the physicians said was a slight infection, and I was treated after the usual manner, namely, injections, three times a day, of a 10-percent solution of Argyrol, self-injected, together with an internal "cleanser," called Gonosan. This treatment was specified by seven different doctors, all high up in their profession. Not one of them explained the nature of the disease.

I doctored until all outward signs of the disease had disappeared. Two years from the time I discontinued treatment, the old symptoms reappeared. I went to my own physician who, after a short examination, told me that I had chronic gonorrhea and could not be cured. Six doctors out of the seven mentioned recommended an ordinary syringe which did not force the solution back of the cut-off flap. The seventh used a syringe which injected the solution directly into the bladder. After being treated this way, I found that I could force the solution up into the bladder myself, which I did. This last treatment is, undoubtedly, the reason for my present condition. If any one of these doctors had told me that the great danger in gonorrhea lay, in getting the germs back of the flap, I should have taken every precaution against such a thing happening.

I am a layman and, therefore, can not put my story into medical terms; but anyone endowed with the intelligence that physicians are supposed to possess will see clearly what I am driving at.

Can not chronic gonorrhea be cured and can not you publish in your magazine a strong criticism of the method outlined? To my mind, no criticism can be too strong, because I honestly believe that, if I had had the knowledge which any one of those men could have imparted to me, I never should have allowed the disease to reach its present stage. There have never been any ill effects from it. I should not have known I had the disease as far as any discomfort is concerned, until just recently, when the old signs reappeared. Except for them, I am well.

A READER.

P. S. I am aware that anonymous letters do not have the same weight as signed ones do, but I do not know who may read this and, as the subject is a delicate one, I would rather not sign my name.

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[For reasons that are self-evident, the Editors decided to deviate from the rule relating to anonymous communications, in this instance. The plea made by our correspondent, that patients with venereal diseases be given detailed instruction, is as just here as it would be in the case of tuberculosis, for instance. In this disease, patients are instructed very carefully and are even urged to study certain books and journals that are published for their special benefit.

For the treatment of chronic gonorrhea, the silver salts and acriflavine provide very good results. Especially the latter seems to be well adapted for the purpose. However, the injection of antiseptic solutions does not comprise the whole treatment. The well informed physician will resort to other measures that are of equal importance.

We hope that the problem raised by our correspondent will be aired fully and freely by many of our readers.—ED.]

HOW TO LOWER INFANT MORTALITY

The health authorities tell us that two hundred and fifty thousand (250,000) babies, under one year of age, died in this country during the past year; a somewhat greater infant mortality than in the preceding year. They say, moreover, that this is a greater death-rate than that of foreign nations. Most of these little ones were fairly well-born; many of them perfectly. This means "medical progress" in the wrong directions!

"Isn't he a little darling? So bright, fat and healthy". Such comments had been made by admiring friends of these babies that passed away before reaching one year of age. It comes very near to the truth of saying that the reason why the writer and his readers are alive today is, because we were "too tough to kill" in infancy!

The exceptions are rare, indeed, when babies are properly treated during infancy and childhood. It is the universal custom to coddle and pamper the dear babies whom we so dearly love, they are often overfed and always overclothed, and they have practically no natural exercise, having been

placed wrong side up at birth; that is, on the back instead of on the belly. If kittens and puppies were thus treated, they would have as great an "infant mortality" as do the human new-born. The fairly well-born babe placed at birth on a firm hair mattress with no pillow, face down, will develop physically as the other little four-legged animals do. It is practically certain to keep right on living, providing, of course, that it is otherwise as rationally treated.

But, on the back, half-buried in a feather pillow and bundled with excess of clothing, the babies have no all-round exercise; merely pawing the air with arms and legs can not be called that. "Smother"? Never: The baby will turn from one cheek to the other; and like the kitten it will begin to wiggle, twist, rise up on all four after awhile, thereby developing normally as nature designs. It will be creeping about the house when but six to twelve weeks old, as the writer has proved during his forty years of baby-hygiene experience. Such babies may be said to be "creeping away from the grave".

On the other hand, as we know, babies often fail to creep until well along in their first year, and some never creep much. They are encouraged in their ambition to get up on their hind legs early, and are thereby victims, prematurely, of the down-sagging of all the internal organs, so mischievous and disease-promoting to us all.

Another point of great significance relates to one of the most important biological facts, the breathing function of the skin with its millions of blood-vessels gasping for air under even the lightest of drapery and completely smothered under many folds of clothing. It is the lack of oxygen due to this skin-smothering that causes the clogging up of the system with waste and makes it so prone to acquire "colds", influenza and pneumonia. Under the treatment of physicians who do not understand this, such attacks are likely to prove fatal. This applies to adults as well as infants.

Summing up the lesson, it is urgently suggested:

1.—Place the new-born babe right side up, *à la* kittens and puppies.

2.—Keep him naked part of the time, and in light drapery all the time, in warm rooms and in warm weather; so that the skin may have a chance to breathe.

3.—Feed abundantly but not to excess. Never force or tempt the appetite. Give the breast or bottle only when baby is manifestly hungry.

4.—Beware of fattening; surplus fat is a handicap and a threat for disaster.

5.—Keep him creeping as long as possible and discourage his tendency to get up on his hind legs. The parents may well set the example by crawling with him, themselves, on hands and toes, to their own benefit, as advocated by well-informed biologists and scientists at home and abroad.

In addition to all this, we may well urge the importance of the right position of the mother at birth, namely, on her knees instead of on her back, a plan that would give her as fair a chance to empty the uterus as the bladder or bowels. This would tend to make every birth virtually safe and painless; with better results for both, mother and child. Throughout the period of pregnancy, the prospective mother should live actively and have regard for all the advice herein.

CHARLES E. PAGE.

Boston, Mass.

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[We like, particularly, the Doctor's closing advice that parturient mothers be confined on their knees, in a crouching position, instead of on their backs. In several instances where we confined patients in that position, labor was far easier and more prompt than in the usual "obstetric" position.

The suggestion that babies should be made to crawl early, and kept at it a long time before being permitted to assume the erect posture, also impresses us as excellent. Babies should be placed on hard mattresses, unclothed, daily for sufficient periods of time, so as to permit quite free play to legs and arms and, better still, to the whole body; it's fine to watch them wriggle and enjoy themselves. Doctor Page's assertion that lying on their little tummies is better than lying on the back, appears reasonable, even though the parallel of the kittens and puppies does not hold quite. Let's try it and watch the effect on the little tots.—ED.]

"SOME OF THE DOCTOR'S PROBLEMS"

After having read the article in the December, 1920, issue of your Journal, written by Doctor Kennedy, I am constrained to make these few remarks relative to what

the doctor has to say about improving the efficiency of the medical profession. As I am a regular practitioner, I have no time in which to exercise what little oratorical and journalistic tendencies there might be stored away in my mental machine, I feel my inability to discuss this vital subject as fluently or as extensively as I would like.

However, the subject suggested by Doctor Kennedy should have the serious consideration of all medical men, from the prospective student to the man who has spent an average of fourteen years of his life in literary and medical colleges and in hospitals before he is allowed to offer his services to the public; to him who, by years of endless toil in the legitimate practice of regular medicine, gathered as the years roll by information that is priceless and cannot be had in any medical college, hospital or postgraduate school, especially of the kind suggested by Doctor Kennedy, being financed and operated by the State.

This law, as suggested by the doctor, "listens good" and there is, no doubt, a very great need for improvement in the medical profession; still, if this compulsory law should ever be realized, I am very much afraid that it, like many other state laws, would be abused by the unscrupulous politician to the great detriment of the medical profession.

There already exists too much legislation concerning our efforts to practice medicine; until it becomes absolutely necessary that we employ a lawyer and a bookkeeper to avoid violating some law—so many and varied are the regulations and ordinances governing the practice of medicine.

We are bonded and permitted, checked and rechecked, taxed and retaxed. I have been wondering what would happen next. Now, if this law that is suggested by Doctor Kennedy should ever materialize, we would be examined and re-examined and subjected to the liability of being thrown among the discards according to the will and pleasure of the state-employed, political, favored instructors in charge of these district P. G. schools, regardless (many times) of our value as successful, practical practitioners. In other words, we become students (whether it suits us or not) under men who may not have any better college training or any greater capacity for learning and not one-half the experience (which is the greatest of all teaching) than the student has. Besides, such a law would necessarily raise taxation when, as a matter of fact, we are already taxed until it is difficult to say what we have, who we are, or who we belong to; and wonder why we are allowed to exist.

Such a law, considered with the present rigid college requirements and the expense of acquiring a medical education, will certainly increase the alarming tendency of young men to study anything except medicine; making it possible for a greater increase in the irregulars over our entire country. No one, unless he is already very well blessed with the goods of the world, can study medicine as it now is. Besides, my observation has been that, as a general rule, neither wealthy men nor their sons ever do many days of honest, sincere practice even though they remain in school until they are graduates. In fact, a man of wealth rarely ever studies medicine.

Sick people desire and are going to have some one, but I think that the Doctor makes rather a broad statement when he says that people will go to "anything that hangs out a sign". That is certainly not the case in this part of the country. In fact, they are a bit careful in choosing their physician. They generally want an ethical, successful, gentlemanly physician when one can be had.

I am thoroughly in accord with the idea that every physician should keep abreast with the modern ways and methods of practicing medicine, and this can be done in no better way than by first giving him a thorough literary education, by securing for him, from his first elementary school work to the day of his graduation, the best teaching talent that is to be had. Then, by the time he is graduated from the kind of medical colleges that we have at this time, he will never cease to be a student; consequently, will always do a modern practice providing the making was in him at the outset. A well educated, conscientious man needs no other reminder of the necessity of postgraduate work than an educated public and I am unable to see how any man in the practice of medicine could afford to lend his help in making it possible for a few of his medical associates to dictate the terms and time of his postgraduate work.

I have been practicing regular medicine for thirteen years, excepting two years spent in college during that time, and I am

by no means an antiquity, having graduated from Tulane last year. Besides, I read my journals and textbooks as much as is possible for a busy man to do. I use my "'scope" most every day. I expect to take postgraduate work as often as I am financially able and trust that I shall always be able to exercise my own judgment relative to time and place. Not having had the advantages of a complete literary education, prior to my taking up the study of medicine, I figure that I am in a position to appreciate the necessity of a finished education. But, after all, I feel sure of my ability to make circles around a lot of finished literary graduates in the practice of medicine, because I love my profession and it is my only source of income. I have never had an indulgent parent to put up for me, not even in my highschool days and have no one to thank but my Maker. Still, I know that, if I could have finished my literary education, my labors would have been much lighter and that even now I could get along better in this age of enlightenment.

R. R. H.

—Miss.

MEDICAL NEWS

The National Research Council has established a Research Information Service as a general clearing-house and informational bureau for scientific and industrial research. This "Service," on request, supplies information concerning research problems, progress, laboratories, equipment, methods, publications, personnel, funds, and so forth. Ordinarily, inquiries are answered without charge. When this is impossible, because of unusual difficulty in securing information, the inquirer is notified and supplied with an estimate of cost. Much of the information assembled by this bureau is published promptly in the *Bulletin* or the "Reprint and Circular Series" of the National Research Council, but the purpose is, to maintain complete and up-to-date files in the general office of the Council. Requests for information should be addressed, Research Information Service, National Research Council, 1701 Massachusetts Avenue, Washington, D. C.

Western Electrotherapeutic Association.—The third annual meeting of this association will be held at the Little Theatre, Kansas City, Missouri, under the presidency of Dr. B. B. Grover, of Colorado Springs, Colorado, April 21-22. The annual dinner will be given at the City Club on Thursday evening, and a number of distinguished speakers will be present including: Surgeon-General Hugh S. Cumming; Dr. A. J. Pacini, Chief of the X-Ray Department U. S. Public Health Service; Dr. H. Bowing, Mayo Clinic; Dr. A. F. Tyler, Omaha, Nebr.; Dr. Wm. Benham Snow, New York City; Dr. Frederick Morse, Boston, Mass.; Dr. Curran Pope, Louisville, Ky.; Dr. T. Howard Plank, Chicago, and others.

A three days' session of the Western School of Electrotherapy will precede the above meeting, beginning April 18th.

Clinics and demonstrations will be held every afternoon. An excellent commercial exhibit, comprising all the leading manufacturers of apparatus is being arranged, and will prove of great interest to visitors.

For information or program address the Secretary Dr. Charles Wood Fassett, 115 East 31st St., Kansas City, Mo.

On February 23, a meeting was held attended by the members of the Chicago Medical Society, The Chicago Dental Society and the Chicago Retail Druggists Association for the purpose of opposing legislation that is threatened and is to establish compulsory health insurance.

The meeting was addressed by Dr. John J. A. O'Reilly, of Brooklyn, N. Y., Dr. Don M. Galle, Jr., and Mr. S. C. Henry. Further information will be printed in the next issue of CLINICAL MEDICINE.

Just Among Friends

A DEPARTMENT OF GOOD MEDICINE AND GOOD CHEER FOR THE WAYFARING DOCTOR

Conducted by CEORGE BUTLER, *A. M., M. D.*

The Inwardness of the Absent Mind

AN absent mind is not an unmixed blessing. The soldier, Huxley tells us of, who dropped his mutton and potatoes into the gutter through carrying his little fingers to the seams of his trousers at the word "Tenshun", found this out. So did the man who put his boots to bed and stood outside the door to be "cleaned". Likewise, the man, to his cost, when, with his absent mind, he blew out the gas and jumped into bed; and, on another occasion, hearing a night bell, blew hard at the handle of the bell-rope and then put his ear to it thinking it to be a telephone. In these cases, the absent mind is a distinct drawback, though hardly a positive evil. In many cases, however, it becomes a curse.

Swearing, drinking, and even pilfering have all been attributed to absent-mindedness. But, it is about time that we showed something of the value of the "absent mind." The fact is, that the mind is never absent but it is unconscious. There are sounds in silence, there are sights in darkness, and there are thoughts in unconsciousness.

As a matter of fact, but a microscopic portion of the mind is ever "present" at any given time; it is mostly absent, though not far off; most of it, not all, can with more or less effort be brought into view. We "possess" nothing until it has passed into our "absent mind." No man is a gentleman who tries to be one. The conscious efforts demonstrate the lack, or the possession, of the qualities that comprise this mysterious entity. It is only when a man behaves with his "absent mind" (that is, unconsciously) that he really possesses the qualities of a good behaviour.

There are two classes in society or, we should say, in and out of society (in its best sense): those who are at their best when in their "present mind"—that is, when thinking of themselves and their behaviour; the others who are at their best when in their "absent mind;" that is, forgetting themselves and their behaviour. And you know which we prefer. We may learn much, not only in manners, but in art and ethics, and it may be very vividly impressed upon our reason, still, we do not "possess" it and it forms no part of ourselves until it has sunk into our "absent mind" and we have forgotten that we learned it. We then reproduce it as a quality of our own. That is the secret of real possession and is described by the word "assimilation." As long as I am conscious of mutton, and potatoes, and fish, and oysters, and champagne, these viands are external to myself, though inside the body; they form no part of me. But, when they are forgotten, have passed from the region of digestion and have become assimilated, they become a part of my flesh and blood, and their qualities become mine. It is so in the mental world.

But, there is more than this. For, ease and perfection of execution often depend upon the mind being "absent". Where would the duck shooter be if, when the bird arose he had nicely to calculate distance, elevation, and direction, instead of bringing down the bird in the most absent-minded manner? Observe also the absent-mindness of the professional billiard-player, compared with the labored anxiety of the amateur. And, it is so everywhere. Our easiest and most perfect actions, our highest flights of genius, our happiest inspirations, all come from the much-despised "absent-mind" of which so much yet remains to be known.

Curious Nerve Habits

MAN is the result of his education, and his education is only the sum of his habits, that is, those things which he has habitually or repeatedly done. In a certain sense, the old Jewish idea of education,

which came along through the instrumentality of the heads of the family, is founded on correct principles: "Line upon line; precept upon precept." Repetition continued until, as a result, that which was taught so frequently became a part of the child. This is true not only in an intellectual and moral sense, but is even more true in our physical nature. The sum of healthy exercise will make a healthy muscular system. The spasmodic, irregular, and unwholesome exercises can only result in a lack of muscular strength and muscular habits. What a man is, tells the story of what his habits have been; what his habits are, determines what he is to be.

The same is true with all the voluntary functions of the body and is indirectly true with the involuntary functions. The reason for these tendencies of the body can be readily understood when we study the physical structure, especially of the nervous system.

The nerve structures are made up of grey matter, or nerve fibers. The grey matter is found in the largest quantity upon the surface of the brain, and it is gathered in small masses, called ganglia, in the brain substance, especially towards the base. The same grey matter is found along the center of the spinal cord, and there are a large number of small ganglia connected with the sympathetic system in different portions of the body. All of these lower nerve ganglia are what are known as reflex and automatic centers. They have no intelligence to originate impression or motion, but, as they are taught the higher organization of the nervous system, they become accustomed to automatic action and perform their function without reference to the voluntary thought or conscious direction of the mind. Thus, throughout the body, whatever ways or impulses are continually followed, become habits to the extent to which they are repeated.

The physical tendencies of childhood and youth are rarely ever changed throughout life; even later, we are constantly falling into ways which follow us in all our future career. Not only are physical habits thus established but the operation of the mind has the same tendency. We think a thought, and it is considered trifling, but, it returns and sometimes suggests itself a third time to us. In this way, the same thought recurs over and over in the nerve center, and, without our willing it, we find it present in the passive portions of the mental system until it finally becomes a habit of the mind. Too often, these mental habits are morbid in their nature and, consequently, cast a like influence upon the physical system over which they rule. Especially is this true when our minds are centered on the involuntary functions of the body. A man who has his mind constantly upon his digestion will very soon have indigestion. Nature proposes to run her own machinery and, when we undertake to supplant it by human plans or artificial ways, we destroy the natural process, and disease results.

Thinking of what is eaten during or after meal hours, is a dangerous practice which, if continued until it becomes a habit, will be a greater obstacle in the way of curing "dyspepsia" than any other factor.

A person who has pain can not avoid thinking about that pain. Not only does this occur once or twice, but the thoughts revert to it hundreds of times, and the hundreds of thoughts of pain are often sufficient to establish a nerve habit of pain; thus, the sense of pain grows while the capacity to endure pain lessens. There can be no greater calamity to chronic invalids than that they should get together and tell their ailments to each other. Such a course is but nursing disease and rendering it less curable. It should always be the aim to cultivate reverse habits of expression to those that we feel during illness. Sickness is not the least of the opportunities in life. It is the time for reflection. It does not come by accident but is the effect of a cause. Reason and reflect upon the cause rather than the effect.

The break in the wrong modes of living, which is present in illness, affords the best opportunity to change the bad nerve habits and start in better ways. Many of the noblest qualities of life never can have a richer opportunity for cultivation than during illness. Patience, endurance, cheerfulness, forgetfulness of self, and thoughtfulness of others, when exercised and cultivated, will yield good returns, "like medicine."

It is stated that cheerfulness is to the body what sunshine is to vegetation. Hence, to a person who is in search of health, the essential thing to do is, to cultivate cheerfulness, hopefulness, courage, and not allow

one's self to think of his ills, much less to talk about them, except to those who may find it necessary to know them in order to properly direct his life.

The Value of Pain

PAIN is not disease. It is a symptom calling attention to the fact that disease exists. We do not remove the disease by stopping the pain. When putting my hand against a hot stove, the resulting pain may be stopped in two days: (1) By making an injection of cocaine, morphine, or some other nerve-paralyzing drug into my arm, without removing the hand; (2) By removing the hand. In the first case, the pain would at once cease. Could the man be blindfolded he would declare that he was out of all danger, although his hand would be dangerously injured by being allowed to remain against the stove. In the second case, although the pain would not cease at once, the member would be saved.

Headaches usually arise from disturbances in digestion, due to overeating, eating freely of soft foods, making bad combinations of foods, too much of a variety at meals, and so on. Fermentation and decay of the foods with the formation of poisons and irritants result. The danger is reported at headquarters: the brain. The thing to do is, to heed the voice of the faithful sentinel, assist nature to get rid of the impurities generated, either by washing out the stomach, drinking freely of water, fasting for a day, by vigorous exercise, or eliminative baths. Recognize in the pain the voice of a friend calling attention to the fact that we have done wrong, and resolve never to violate the laws of health on this point again.

In a day or so, the transgressor would feel well and would be able to keep from getting into the same, or a worse condition by avoiding the causes.

This is not the way, however, in which these symptoms are usually treated. Pain is looked upon as an enemy, not as the voice of a friend. The sick one goes to a physician and demands something that will stupefy or paralyze the nerves—the pain must stop at once. He is given an opiate, the pain stops. The food still keeps on decaying in the stomach, yet, he imagines he is well. The disease still exists, the symptom alone has been removed. The faithful sentinel has been knocked down. The means of telegraphic communication to headquarters has been severed. The enemy has his own way and is able to go ahead undisturbed in his destructive work. The watchers are asleep under an anesthetic or opiate. The enemy enters the camp. Poisons that are generated in the stomach, through errors of diet, overwork and irritate the liver, lungs, and kidneys, through which they are eliminated, and finally give rise to Bright's disease; or the lungs, being weakened, are not able to resist the germs of disease that are inhaled. The patient falls a victim to tuberculosis and is now in a serious if not an incurable condition.

The only safe way is, to study the human body and become familiar with the laws upon which health, happiness, and life depend. Prevent pain, woes and sickness by avoiding their causes.

Vital Force

VITAL force appears to be a compound of the moral and physical blended in due proportions. Either constitution may be attacked by disease, and they depress and infect each other.

Every doctor knows that, unless his patient has his heart set upon getting well, unless he brings to bear the powers of his mind to aid the physician's efforts, drugs can only be of temporary benefit. If the patient is apathetic, listless, despairing, allowing himself to drift helplessly; if he becomes panic-smitten or superstitious about his condition, the physician is placed at a great disadvantage.

But, if the doctor be something more than a materialist; if he has himself, a big sympathetic heart and insight, he will know how to combat the moral weakness. He will know how to place his own strong, willing spirit under the drooping, despondent or fear-stricken one of the patient and secure a rally which will reinforce and sustain the good effects of his medicines.

His knowledge of human nature and life enables such a physician to readily diagnose the lacking moral element. It may be hope, or faith, courage, belief, resolution. Whatever the patient needs in the groundwork of his moral nature, the true physician skillfully supplies it by suggestion, by tacit appeal and indirect assurances. He radiates from his presence a healthy and con-

tagious moral atmosphere very stimulating to the subjective mind of the patient.

The physical constitution being subordinate to the moral, when the physician has, through his tact and sympathetic insight, got at the causes of his patient's depression and indifference, or other unhealthy moral state, and lifted its leaden weight from the sick man's spirit, he has all the power of the *vis medicatrix naturæ* operating in his favor. A cure then becomes a simple matter of chemistry and mechanics, so to speak.

By means of judiciously selected remedies, the doctor will stimulate certain depressed parts or sedate other excited ones, restore the physical mechanism to its normal equilibrium, and it will run along smoothly so long as sufficient moral force is generated by right living to sustain the integrity of the moral constitution.

This is no figment of the imagination. The eye of faith, the ear of belief, and the arm of courage are as essential in their exercise and proper nourishment as are the physical members. And, virtue is curative in its influences. Even a broken leg mends more quickly where the blood is cool and pure from temperate living, and the individual keeps a cheerful spirit.

Of course, the leg must be set, splinted, and tended just the same. Equally, of course, the indicated remedies are indispensable in the successful practice of medicine. All agencies are useful in their own spheres and under their own laws. But, since man has a moral as well as a physical constitution, the successful physician will not ignore the power of moral attributes and influences over his patient, but will study how to use them effectively.

Good Living an Art

MENTION good living, and nine out of every ten people will take it for granted that you mean, good food and perhaps a great deal more of it than necessary. But, that is not good living. Good living is an art, and there are but few who get the best out of life. One may have money and still lack the real refinements of life. The real object and end of life cannot always be attained by poverty either. It depends largely upon the character and the conscience of the individual.

Good living does not consist in a large variety of dishes poorly cooked but in a few wholesome dishes well cooked. It does not mean a large house poorly kept but a house well kept; not plenty of clothes gorgeous and out of date but a few clothes, modern and kept in order. The same rule will apply to books, collected under various circumstances, to a library reflecting one's habits and tastes. These things, with a few friends of like habits and tastes to while away a social hour, go far towards realizing in ourselves the comfort and joy of living and in shaping the individual character.

But, those are only the physical and external. It is the ideal which speaks more for the higher life than for anything else.

A Remedy for Worry

"GO HOME and do fancy knitting for half an hour every day," is the advice of a celebrated English nerve specialist to overwrought women who come to him suffering from nervous troubles. Naturally, a good many imagine he is joking or mocking them, and depart in high dudgeon; still, the fact remains that knitting is a sovereign remedy for mental worry. Introspection and retrospection are the great dangers of the nerve patient. She must be encouraged to occupy herself in doing something that will absorb her attention and wean her mind from dwelling on herself, or her troubles, whether real or imaginary. To tell a nervous woman to stop thinking about herself would be about as sensible as to tell the wind to stop blowing. The only thing to do is, to give her something outside of herself to think about. The idea is by no means new, for, it will be remembered that Dr Abernethy once ordered an ailing nobleman to "live on one shilling a day—and earn it." Even tired women experience great relief from knitting or plain sewing, and it is quite customary for some women in America to invite their intimate friends to "come over and bring your knitting," just as social gentlewomen have done for ages.

Cheerfulness

CHEERFULNESS is a well known aid to health. A powerful magnet drawing friends just as the little steel horseshoe attracts the pin placed before it. Everyone likes to have around those who are cheerful, even though they may not feel so themselves. A liberal sprinkling of cheerful-

ness at home and in the office will make things go more smoothly and pleasantly and the labor will not wear upon and make wrecks of one as it will if one is constantly worrying and finding fault over trivial affairs. Cheerfulness acts upon the human system as does oil upon machinery. Learn to accept what life brings. Though many are the hearts that are scourged by the stern discipline, try to accept with resignation these cruel lessons of life. It is easy for anyone to be cheerful when everything is favorable; but, the power over circumstances, to be cheerful when everything is in a turmoil, shows and requires self-control, courage and ability.

Cheerfulness is very much a habit and depends mostly upon the way one looks at the matter. Thus, what would give one person a bit of blues would be treated as of the smallest moment by another. Sometimes, a heart to heart talk with a friend will dispel the dark cloud from the mental horizon and help to renew courage and cheerfulness. Turning one's attentions to and becoming interested in other subjects is a convenient, helpful and effective way of meeting trials and overcoming the sadness, grief and depression of spirits that materially follow. You can certainly face your trials more cheerfully and bear your burdens more pleasantly, if you learn how to meet them; learn to "choke down" your own trouble and ever be ready to offer words of sympathy and cheer to others. Keep in the company of little children, birds and flowers. A quick walk in a lonely wood will often restore one to a normal condition. What cannot be cured must be endured, is a philosophy we should use. Look beyond the present time and resolve to become more cheerful. The world needs strong hands and strong hearts and these are never gained by worrying. "I pack my troubles in as little compass as possible and never allow them to annoy others."

Marrying for Love

IT is an old adage that "when love cometh in at the door, good sense flies out at the window." While this was unquestionably the cynical utterance of some cranky old bachelor, there is infinitely more truth than poetry in all saws of this sort. For, if there is on the face of wide creation a creature apparently bereft of all sense and reason, it is the individual who is deeply in love. There is not enough common sense left in the average brain under such circumstances to come in when it rains, unless the beloved one has by chance sought shelter under the roof beforehand.

Love is defined as a "pleasant illness", and is apparently one to which most people do not seem to object. Even second and third attacks are not only endured, but, to all appearances, welcomed.

There is a good deal of sentimental twaddle indulged in anent this subject of marrying for love. To do this is all very well, provided there is some reason behind it; but, to marry simply and only for love is a performance that might, without any performance that might well be characterized as idiotic.

Poets, novelists, and the troubadours of old have said and sung the charms of the tender passion; but, philosophers and sages long ago made up their minds that good, healthy reason lasts longer and pays larger dividends than the most extravagant gush that ever deluged the souls of the happy young things who live only in the light of each other's eyes. The lucky pair, though, are they who unite reason with love, the harmlessness of the dove with the wisdom of the serpent.

That this high-flown, unreal and above all transitory hallucination called "romantic love" is essentially selfish, is clearly shown by the exacting nature of the passion and the sacrifices it not unusually demands. A man romatically in love does not scruple to take a girl from a home where she has been surrounded by every care and comfort, to share with him means which barely suffice to support one in comfort, far less a family. It is no wonder, says a contemporary, that George Meredith speaks of the love season as being "the carnival of egotism." Clearly, George Eliot, with her deep insight into human nature, was of the same opinion. "Men and women," she tells us, "make sad mistakes about their own symptoms, taking their vague, uneasy longings sometimes for genius, sometimes for religion, and oftener still for a mighty love." No, love must be built on something more solid than romance, if it is to bear, as Ouida says, "the terrible trials of incessant proxmity." This supreme test of affection unfortunately comes too late; and, truly, it is a test which shatters most of the castles in the air that lovers delight to build.

Among the Books

OTIS: "PULMONARY TUBERCULOSIS"

Pulmonary Tuberculosis. A Handbook for Students and Practitioners. By Edward O. Otis, A. B., M. D. Second Edition. Boston: W. M. Leonard, Publisher. 1920. Price $3.50.

The number of those tuberculosis physicians whose professional life is contemporary with that of modern phthisiology, or, better, tuberculosis study, is getting steadily smaller. Dr. Edward O. Otis, the author of the treatise before us, is one of the few men still living who witnessed the birthday of modern times in this respect, since he was in the active practice of medicine when Robert Koch announced his discovery of the tubercle bacillus as the cause of tuberculous disease, before the Berlin Physiological Society, March 28, 1882.

Since then, the rivers have carried much water into the ocean, and opinions and views on the theory and practice of disease, more particularly of tuberculous disease, have experienced many mutations. We like to think today that our present views concerning the great while plague are just about correct. We no longer claim that everybody in whose respiratory or digestive passages the little red bacillus of Koch finds lodgment necessarily falls victim to the disease. We have realized that the constitutional factor, the soil, is of equal importance with the "seed" of the malady. In matters concerning the diagnosis, we have learned to evaluate far more exactly signs of incipient structural alterations that make it possible for us to subject patients to treatment before the tuberculous lesion has progressed seriously. In matters of treatment also, we have given up many fads and fancies and have determined upon a method of managing tuberculous patients by which their individual resources are marshalled and organized so as to oppose the inroads of the disease. The treatment has become that of tuberculous patients rather than of the disease tuberculosis.

All these and many other things are related interestingly and well by Doctor Otis in the second edition of his book entitled "Pulmonary Tuberculosis." It is a book written primarily for the physician but also for the intelligent layman, for the tuberculosis worker and even for the tuberculous patient himself. While carefully guarded in the expectations and hopes that he raises in the tuberculous patient, Doctor Otis still shows that a cure is possible under suitable conditions. Also, he points the way to obtain it.

It is delightful to see the absolute abandonment of the old deplorable habit of stuffing the tuberculous patient, Doctor Otis declaring that too much food may in the end prove as disastrous as too little food.

One of the specially interesting portions of the book is the brief account of the Framingham Demonstration which is an undertaking that has never yet seen its like in any country, and promises to be of untold value.

Finally, the presentation of carefully discussed actual cases, which entitles this book to be classed with the socalled case-history series, is of immense advantage to the student. Doctor Otis' book on "Pulmonary Tuberculosis" should be owned and studied by every physician, no matter whether he specializes in tuberculosis or sees only occasional cases.

FRAMINGHAM MONOGRAPH NO. 8

Framingham Monograph No. 8. General Series. III. Health Letters. Framingham Community Health and Tuberculosis Demonstration of the National Tuberculosis Association. Donald B. Armstrong, M. D., Executive Officer. Community Health Station, Framingham, Mass., December, 1920.

As is well known, the Framingham Tuberculosis Demonstration was undertaken to determine the amount of active tuber-

culosis existing in a typical industrial community, and the most effective practical procedure for its control.

To accomplish the first object, namely, to determine the actual prevalence of tuberculosis, recourse was had to medical examination drives, visiting homes where the inmates were willing to be examined; to the organization of a tuberculosis consultation service, and to the establishment of infant, school, industrial and other clinics. In the control of the disease, the most important and effective means was considered to be, early detection and hygienic care of those affected with the disease.

Incidental to the main object of the demonstration, much valuable general health work has been accomplished, such as, sanitary surveys in the study of schools, factories and municipal health conditions, as indirectly bearing upon the spread and development of tuberculosis. Various instructive monographic publications have been issued, the one before us being Framingham Monograph No. 8. It contains health letters on the fight against tuberculosis; also letters on general health topics; a discussion of regular medical examinations for the purpose of assuring continued good health by dealing with abnormal conditions as soon as they are discovered. Further, there are letters on children's hygiene, including safe milk for children; also on food hygiene, work hygiene, summer hygiene, personal hygiene, community hygiene. The pamphlet closes with a chapter on special diseases, one on health and the war, and one on miscellaneous health topics.

This pamphlet of only eighty-four printed pages is so chock-full of good sensible advice that we would do well to distribute it among our patients for their personal information and instruction. Physicians who are not familiar with the Framingham publications should attempt to secure them and should study them with care.

OVEREND: "RADIOGRAPHY OF THE CHEST"

The Radiography of the Chest. Vol. 1. Pulmonary Tuberculosis. By Walker Overend, M. A., M. D. St. Louis: C. V. Mosby Company. 1920. Price $5.00.

With constantly increasing mechanical perfection in the taking of radiograms, and with the rapid accumulation of experience and of objective data showing an immense variety of abnormal conditions in the chests examined Roentgenologically, radiography of the chest has become a very important factor in establishing the presence or absence of pulmonary disease. Indeed, information is at hand that makes it possible even to differentiate tentatively, and, yet, with a fair degree of certainty, the tuberculous or nontuberculous nature of certain lesions.

While the author of this interesting and beautifully illustrated treatise very properly maintains that the results of radiological examination must be checked up by the customary clinical examinations, including a detailed case history, he asserts, on the other hand, that radiology itself serves as an acceptable control for the results of physical examination by auscultation, percussion and similar methods.

For his own particular purposes, the author describes the types of pulmonary tuberculosis, with the commoner localities of incipient disease, in accordance with a radiological classification which he advances tentatively (p. 22) as follows: (1) Tuberculous disease of the bronchial glands. (2) Disseminated nodular phthisis. (3) Disseminated nodal phthisis. (4) Bronchopneumonic pseudo-lobar tuberculosis. (5) Chronic attenuated phthisis. (6) Fibroid phthisis. (7) Pneumonic phthisis. (8) Miliary tuberculosis.

After a brief discussion of radiography of the normal chest, he passes on to the radiologic examination of pulmonary tuberculosis and tuberculosis of the bronchial glands, after which the other clinical forms of tuberculous disease of the chest organs are taken up. He points out the urgency of radiological examination not only in "closed" tuberculosis but also in cases where the sputum, previously bacilliferous, has become free from tubercle bacilli; further, even in instances in which the discovery of tubercle bacilli in the sputum has established the clinical diagnosis beyond a doubt. Naturally, it always is important to determine the existence and exact degree of the tuberculous invasion. Moreover, radiological examination undoubtedly offers an excellent means to check up the progress of the disease under the influence of treatment, no matter whether this may

be in the direction of cure or in that of progress.

Although not a radiologist himself, the Reviewer has enjoyed studying this book, and believes that it is a very useful guide for the tuberculosis physician.

TIDY: "SYNOPSIS OF MEDICINE"

A Synopsis of Medicine. By Henry Letheby Tidy, M. A., M. D. New York: William Wood and Company. 1921. Price $6.50.

This volume is just what it announces to be: a synopsis of those principles of medicine that are of importance at the present time. It is not a textbook nor a monograph; nor does it pretend to deal with its subject in textbook style or monographically.

The notes on the various diseases are concise and are based on the opinions expressed by the leading medical writers.

The general arrangement of the subject matter follows largely that of Osler ("Principles and Practice of Medicine"), although the section on diseases of the nervous system has been rearranged and other changes have been made elsewhere. However, the thirteen sections deal with specific infectious diseases; diseases due to physical agents; intoxications; diseases of metabolism and of deficiency; diseases of the digestive system; diseases of the kidney and urinary tract; diseases of the blood; diseases of the circulatory system; diseases of the ductless glands; diseases of the nervous system; vasomotor and trophic disturbances; diseases of muscles, joints and bones.

This book is useful for rapidly refreshing one's memory as to etiology, symptoms, pathology, treatment, and so forth, of the diseases outlined. The treatment throughout is conservative. The author advises drugs wherever he has found them of benefit and his suggestions frequently are very acceptable, indeed.

MAKING THE GRADE

Making the Grade. By C. V. Mosby, M. D., St. Louis: The Highland Press. Price $1.00.

This little volume of 145 pages would be of exceeding value to any young person (or older one) who would read it thoughtfully. The trouble is, that too few will read it. The generation just entering upon the world's stage is very impatient of what it is pleased to call "preaching". Still, there never was a time when preaching was more needed than today. Our educational system has slumped badly of late years, both on the intellectual and moral side. The faddist has too often usurped the place of the scientific educator. To be specific: Our teaching of grammar and mathematics is singularly ineffective; they have been emasculated to make them easy enough for our soft-fibered boys and girls. Our young people are woefully ignorant of history and literature. At a recent examination of a group of highschool boys, not one of them had ever heard of Absalom; but, they knew all about Babe Ruth; most of them thought the Diet of Worms was something to eat; while others had an idea that the Reformation was merely another name for Prohibition.

Such a book as this might bring some of the frivolous ones to feel an interest in developing such qualities as make for success in life. Any father should be glad to have his sons and daughters read the chapters on Poise, Initiative, Concentration, Imagination, Courage, and Endurance. If they were to read those, they would be pretty sure to read the rest.

BAKETEL: "THE TREATMENT OF SYPHILIS"

The Treatment of Syphilis. By H. Sheridan Baketel, A. M., M.D. 167 pp. 14 illustrations. New York: The Macmillan Company. 1920. Price $2.50.

Any reader who desires to learn the details in minutiæ of the preparation and administration of arsphenamine or neoarsphenamine (popularly called salvarsan and neosalvarsan) can find them in this book. The author states in his preface that the need of such detailed information on the part of those who have never used the intravenous method of injection, or whose acquaintance with it is limited, is the *raison d'être* of the work. The aim has been, to set forth everything relating to the treatment of syphilis, without unnecessarily increasing the size of the volume with long chapters on history, diagnosis, and prognosis that may be found in other textbooks on the subject.

Condensed Queries Answered

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report their results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

Answers to Queries

Answer to Query 6544.—In the AMERICAN JOURNAL OF CLINICAL MEDICINE for January, 1921, on page 70, there is a request for advice as to the treatment of chloasma. These patches are strongly suggestive of a suprarenal origin and, although the patient is seemingly in good health. I should strongly advise your physician friend to give this patient 2 grains of desiccated suprarenal cortex, four times daily.

The most disfiguring case of chloasma that I have ever seen, according to its tint and location, was removed by the exhibition of suprarenal cortex substance, in about three weeks.

I trust that this suggestion may be timely and helpful.

CHARLES LINDSAY
(G. W. Carnrick Co.)
New York City.

Queries

QUERY 6552.—"Seborrhea." R. S., Nebraska, requests us to outline a treatment for seborrhea. "I have," he says, "a bad case that I have great difficulty in clearing up. Have been using sulphur ointment and 1 to 2-percent salicylic acid, both with sulphur ointment and with plain vaselin.

"What I would like is, something in powder or tablet form, to be mixed with water or alcohol or both, that could be applied daily. Ointments are hard to apply unless the hair is cut very short and even then it is difficult, while a liquid could be applied easily and regularly and one would therefore secure better results.

We are unable to suggest a generally applicable tablet for the preparation of an alcoholic or aqueous solution to be applied to the scalp of patients suffering from seborrhea.

In very many cases, prompt cure has followed washing of the scalp with carbenzol soap and the subsequent application of chlorazene surgical cream. A 1-percent chlorazene solution has also been used successfully in mild cases.

While, in the majority of cases, local treatment alone is required, quite frequently we find the general condition of the patient below par. Unquestionably, digestive disturbances and autotoxemia of intestinal origin exert a strong predisposing influence if they are not, indeed, directly causative. Hence, thorough elimination and the administration of intestinal antiseptics and some combination of iron, quinine and strychnine, prove desirable.

Many excellent observers consider calcium sulphide one of the most effective internal remedies, 1/6 to 1/3 grain being administered at least four times daily.

In all cases of seborrhea, whether of the scalp or elsewhere, frequent washing with a nonirritant soap and water is necessary; after such cleansing of the surface, a 1 to 10-percent resorcin solution (1 part alcohol to 5 of water) should be applied. In some cases, especially on the scalp, a pure alcoholic solution seems best. If this proves too drying, a few minims of castor oil may be added to each ounce of the alcoholic lotion or a little glycerin to the aqueous solution.

In this writer's opinion, lotions are more efficacious than are ointments; but, when scale accumulation is very rapid, ointments

are demanded and, in some instances, act most satisfactorily.

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QUERY 6553.—"Pyrosis; Vicarious Menstruation." L. A. E., Maine, has under observation a case of severe pyrosis in a rather obese lady about fifty years of age. She also vomits a good deal—mostly watery vomitus. He asks for advice in regard to treatment.

(2) "A case of vicarious menstruation or discharge. Patient was operated on some twenty-five years ago for ovarian tumor, both ovaries being removed. She has been troubled with an 'unwell'-smelling discharge from under one and, sometimes, both breasts, at times, for the past twenty years, at about regular twenty-eight-day periods. Of recent years, the discharge has come from the navel also. She seemed to be rid of it last spring and early summer; however, it started up again about eight or nine weeks ago and has continued with no sign of remitting. What do you think of the prospects and what can I do for her? She has more or less intestinal stasis, the movement occasionally smelling like 'old cider,' she says. At times, there is that discharge from the eyes even, causing considerable conjunctivitis."

In pyrosis, a combination of cerium oxalate, gr. 1/4, bismuth subsalicylate, gr. 1/2, sodium carbonate, gr. 1 and manganese dioxide, grs. 2, very often proves extremely useful, one such dose being given every hour or two with a little hot water. Pyrosis, of course, usually evidences an atonic dyspepsia although it may be a pure neurosis.

The writer usually administers capsicum and nux vomica, fifteen or twenty minutes before meals, and some such combination as: papain, gr. 1/3, charcoal, gr. 1, and sodium bicarbonate, gr. 2/3, after eating. In obscure cases, sometimes, a formula consisting of: sodium sulphocarbolate, grs. 2½, sodium sulphate, grs. 5, sodium bicarbonate, grs. 20, colchicine, gr. 1/500, juglandoid, gr. 1/6, xanthoxyloid, gr. 1/6, sodium chloride and aromatics, q. s., in full doses, administered two or three hours after meals, will relieve promptly and, not infrequently, effect a cure. However, each case must be carefully studied and the remedial agents chosen to meet changing requirements in the individual.

The second case you report is a most unusual and interesting one. As we understand it, the ovaries were removed from this woman twenty-five years ago and, from that time on, at twenty-eight-day intervals, she has had a discharge from "under" one and sometimes both breasts. Naturally, we are at a loss to understand just what you mean by "under." Colostrum would, of course, be discharged from the nipple and we can only imagine, therefore, that the glands in the areolæ secrete an "evil-smelling substance"—unless, of course, there is a fistulous opening.

Further, you state that, in recent years, there has been a discharge from the navel also, and, still later, from the eyes. This is a most unusual—as it is an unfortunate —condition and, in order to proceed with intelligence, it is absolutely necessary to make a very careful study of conditions generally. Were it not for the fact that the discharge is recurrent, we would have grave suspicions as to the existence of a malignant condition.

At this moment, we can only suggest that you send specimens of blood, urine and of the discharge from the breast and umbilicus to our pathologist for examination.

You do not state how old this woman is or give us any idea as to whether there has recently been any material loss of weight. It is just possible that the administration of mammary and ovarian substance might prove beneficial and it is, of course, very essential that therapeutic cleanliness of the intestinal tract be maintained.

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QUERY 6554.—"Pulmonary Abscess." O. E. A., Illinois, asks for suggestions in the case of Mrs. O., twenty-one years of age; Swedish; married, but no children. Height 5 feet and 2 inches. Family history: Mother died of heart disease; one brother from tumor of the brain. Past history: Had ordinary diseases of childhood, such as measles, grip, chickenpox; and a severe case of "bronchitis," at four. Had trouble with adenoids and enlarged tonsils, both of which were extirpated. No complication or sequelæ known. Present history: Comparatively well until two years ago, when patient came down with all symptoms of grip, following an operation, at local hospital, for extraction of five molars which

had formed apical abscesses. She did not have a favorable convalescence from the operation, being taken with chills and high fever shortly after and removed home on the same day. Bleeding continued, lasting for a few days thereafter, and which proved to be very offensive and formed blood clots within her mouth, "as big as a silver dollar," as patient expressed it. No improvement was marked upon her return home, and she continued to have chilly sensations and high fever, from 100° F. to 105° F. The case was said to be one of ether pneumonia. Soon, an incessant cough set in and it was then called "bronchitis." After remaining one month in bed, in this condition, the patient was sent to a local sanatorium for treatment, upon the advice of her physician. Upon admission to this institution, she weighed but seventy-five pounds, had an incessant cough, though no hoarseness was present, nor fever or night sweats. She continued to expectorate sputum which had a fetid and disgusting odor and was usually copious, thin, greenish-gray. On standing, it separated into three layers, the lower consisting of a thick sediment in which were found pea-sized gray and yellow masses which, when broken, discharged a putrid odor; still, at all times the sputum was negative as to tubercle bacilli.

After a three months' stay there, the patient temporarily recovered; cough and expectoration had left her and she now weighed 127 pounds. One month after returning home, she was again troubled with her old cough and expectoration which still gives off an extremely fetid odor, intensely distressing to the patient. The sputum has been blood-tinged at different times. She also gives a history of four attacks of pleurisy on the left side, during the past two years, but without effusion. Her cough is very troublesome during sleep, especially when lying on her left side.

Chief complaints: An incessant cough, expectoration with a fetid odor, an irregular pain in her left lung and under her left shoulder.

Observation: Pulse 100, rapid and weak; respiration 24; temperature normal. Sleeps poorly on account of annoying cough which keeps her awake most of the time. Urinates two to three times during night and six to seven times during day time. Appetite very good. Bowels normal; loss of weight seventeen pounds.

Physical examination: Fairly well nourished, expansion normal on right side, slightly retracted on left side. Palpation: Vocal fremitus normal; no abnormal muscular rigidity on either side. Percussion: Dullness from the spine of the scapula to one inch below angle of the scapula on left side, extending laterally to within one inch of the posterior axillary line. Auscultation: Breath sounds virtually normal, except over the area of dullness, where a few fine rales could be heard. X-ray stereoscopic plate revealed no abnormal markings on either side of the chest. Wasserman (blood) reaction negative. Urine is negative.

Menstrual history: Regular. Suffered extreme pain at the first appearance of menses and has ever since been troubled with dysmenorrhea, now so severe that it necessitates the regular use of hypodermic injections of morphine. She suffers severe headaches, backaches, is very nervous and worried about herself and is easily depressed. At times she becomes hysterical at these periods, screams with fright, becomes blue around her mouth, and her limbs become somewhat stiff. Her general health has been markedly impaired. She scarcely recovers from one month's epoch before another is at hand. Organs are normal to palpation. Dilatation and curettage have been performed and a stem pessary applied, without relief. She was operated on three years ago and the right ovary was extirpated. No relief has followed this treatment. Would you advise the use of radium in the treatment of the dysmenorrhea?"

First and foremost, Doctor, you undoubtedly have to deal with a streptococcic infection, and we are inclined to believe that pulmonary abscess exists. We are somewhat at a loss, under the circumstances, to account for the lack of fever temperature and also for the x-ray findings. We suggest that you repeat this test, being very sure to refer the patient to a thoroughly competent radiologist. Future procedures must, of course, depend to a great extent on the x-ray findings; still, we are very strongly of the opinion that drainage will ultimately be necessary.

In the meantime, we would push iodized

calcium in large doses, in alternation with echinacoid. We would also give nuclein, preferably hypodermically, in rather large doses. In a very short time, an autogenous bacterin may be administered with undoubted advantage.

May we urge the undesirability of the repeated use of morphine in this case? For a few days before the expected period, give some such combination as: helenin, gr. 1/12, viburnoid, gr. 1/12, dioscoroid, gr. 1/6, gelsemoid, gr. 1/250, avenin, gr. 1/6, and scutellaroid, gr. 1/12; three times daily with a little hot water. If necessary, add valerian. One or two copious, hot vaginal douches, may be ordered, should she show signs of becoming hysterical or complain of pain, and will prove beneficial. It is just possible, though, that you may have to give one or two doses of hyoscine, morphine, cactoid for the first month or two, a formula for oral administration being available and very effective.

However, under the circumstances, we would not pay any particular attention to the pelvic disorder. The first thing essential is, to control pulmonary infection. It is more than likely, of course, that bronchiectasis obtains.

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QUERY 6555.—"Pituitary Solution." Dr. H. B.—Ky., requests literature regarding (1) the use, orally, of pituitary solution, (2) what use is made of it hypodermically, the surgical dose, and (3), its indications in epilepsy, dosage, and so on.

Unfortunately, the intricacies of pituitary physiology are too complex to be discussed in the scope of an ordinary communication. If you are sufficiently interested in the subject, you will find Cushing's work on "The Pituitary Body" and Shafer's reports to the Royal Society of Medicine fully informative.

Briefly, the principal value of liquor hypophysis (pituitary solution) lies in its marked contractile influence upon unstriped muscle and, practically, every therapeutic use to which it is applicable depends upon this basic action. In general, therefore, it may be said that, wherever the therapeutic indication is a contraction of unstriped muscle, liquor hypophysis, orally —or preferably by the hypodermic route— is indicated.

Liquor hypophysis is used most extensively by the obstetrician, and is probably the ideal oxytocic and uterine hemostatic. The one point to bear in mind, however, is the undesirability of excessive dosage.

Liquor hypophysis will not be found of use in originating contractions in the muscles of a uterus which is not normally ready for such contractions. It can not, therefore, be regarded as an abortifacient, nor as a useful agent to bring about abortion in a pregnant uterus which has not yet reached term. But, it will initiate a labor that is overdue; and, in many ways, assists delivery when labor is even potentially, if not actually, in process. In uterine inertia, sharp contractions may be induced by the use of liquor hypophysis, but it is necessary to assure one's self that there is ample dilatation of the os, and that the patient has not a narrow pelvis or present any other obstruction to the expulsion of the fetus. In this condition, 1 mil should be administered and, if necessary, the dose repeated in three hours.

To accelerate and shorten labor, pituitary solution may almost be regarded as an essential. As you are aware, in a certain class of cases, labor drags along to the injury of both mother and child and, finally, uterine contractions almost cease. Again, certain emergency conditions present which demand the speeding up of the processes of delivery. In either case, the administration of this drug is of invaluable assistance, and not infrequently obviates the necessity of resorting to forceps. Here, a single dose is often sufficient to produce the desired results. The writer prefers to administer ½ mil, and, if this should not prove sufficient, to give ½ mil more, thirty minutes later. Of course, under such circumstances, the drug is always administered hypodermically.

In accidental or induced abortion, the emptying of the uterus may be accelerated and made more thorough by the use of the drug, given in the same way that one would use it in ordinary labor.

In postpartum hemorrhage, liquor hypophysis may be administered, bringing about a firm contraction of the uterus. Moreover, the drug acts as a salutary diuretic, and insures a quick and clean separation of the placenta.

Invariably, liquor hypophysis is best given by intramuscular injections, 1 mil being rarely exceeded. It should be borne in mind that the best period to administer

liquor hypophysis in labor is, when the head is on the perineum, and only when there is full dilatation of the os.

In surgical practice, liquor hypophysis is depended upon to control the vasomotor muscles of the blood vessels. Hence, the principal use of the drug is, to prevent hemorrhage and shock. It is used also to overcome postoperative intestinal stasis and gas pains.

In major surgery, where there is likely to be considerable exposure, manipulation of organs, or much bleeding, liquor hypophysis should be administered before operation. The postoperative hemorrhage, continuous or secondary, may be prevented or checked by the drug. It should, of course, be administered hypodermically in 1-mil doses.

The nose and throat surgeon administers pituitary solution as a matter of routine, giving 1 mil subcutaneously, ten or fifteen minutes before operation.

To prevent shock, 15 minims of the solution are given just before the patient leaves the operating room. It is said that this drug acts upon the blood pressure more satisfactorily when the subject is in a condition of shock than under normal conditions.

To overcome postoperative intestinal inertia, the injection of pituitary extract exerts prompt and distinctly beneficial action. As a matter of fact, in an extensive series of cases treated with this drug, none of the patients complained of "gas pains" and the early passage of flatus in each case was a marked feature.

In internal medicine, liquor hypophysis is regarded as a valuable hemostatic agent. It is given in pneumonia to maintain the relation between blood pressure and pulse-rate, 1 mil being injected (or given by mouth in double dose), and the desired effect maintained by repetition.

In coprostasis, it proves of service, as also in enuresis, dysuria, asthma, goiter and other conditions.

It should be borne in mind that the oral dosage is twice that recommended for hypodermic use; but, invariably, the most definite results follow the hypodermic administration.

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QUERY 6556.—"Venereal Warts." L. G. B., Ill., has a case of venereal warts which has not improved under routine treatment. He asks whether we can offer any new treatment or suggestions.

As you are perhaps aware, one of the most effective formulæ in the treatment of venereal warts is: salicylic acid, dram 1, resorcin, grs. 30, calomel, drams 2. This preparation is applied after cleaning the warts thoroughly with an antiseptic solution. If the growths are discreet and small, seize in a pair of rat-tooth forceps and snip off with curved scissors, including in the cut a small portion of the tissues at the base. Before clipping, inject under the base a minim or two of procaine solution or anesthaine. If the warts present a large base, shave off level, curet the surface, cauterize with phenol or nitric acid, and dress with calomel and zinc oxide, equal parts. Oozing may be controlled by the application of compresses soaked in a solution of adrenalin-chloride.

If the patient will not submit to these procedures, protect the surrounding area with vaselin and apply fuming nitric acid to the warts with a glass-rod; dress with borated vaselin.

Some operators prefer a 10-percent chromic acid solution brushed over the warts once daily.

The writer has had excellent results from the frequent use of a good preparation of thuja occidentalis, the patient being instructed to keep the warts saturated with a full-strength preparation.

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QUERY 6557.—"Paralysis Agitans." R. E. S., Ohio, asks whether we have anything that will benefit or cure paralysis agitans.

We regret that nothing with which we are familiar will cure paralysis agitans.

Unfortunately, treatment of any kind usually proves ineffective and, as Church and Salinger, in "Diseases of the Nervous System," express it, the disorder is "generally very protracted but uninterruptedly progressive and there is no recovery therefrom. Reports of individual cures are not sufficiently trustworthy and probably depend upon diagnostic errors; here and there the affection may be arrested; but, very rarely does a transitory improvement occur. Even in the most favorable cases, the disease runs a protracted course to its unavoidable end."

Despite our modern methods, the anatomical foundation of this serious affection has not yet been discovered and we have to admit that we do not yet know the positive

pathologicoanatomical changes that give rise to paralysis agitans.

Perhaps arsenic is the most valuable remedial agent for this condition, and we should be inclined to administer sodium cacodylate subcutaneously or intravenously in virtually every case.

Thorough elimination, with careful dieting, the use of bipolar faradic baths and galvanization of the head, the back of the neck and of the sympathetic, as well as of the back and the extremities, are the essentials of treatment. If his condition is at all favorable, the patient should be removed from ordinary surroundings to the mountains or pinewoods; also, he should receive baths, at first lukewarm, gradually passing on to cooler sponge-baths, these followed by friction. Hyoscine or duboisine, or even hyoscyamine, in alternation with nuclein, have proven useful in many cases. Nutrition must be maintained at its best, and all excitement kept from the patient.

Osler and McCrae, in "The Principles and Practice of Medicine," ninth edition, devote but a few lines to the treatment of this disorder. They say: "There is no method which can be recommended as satisfactory in any respect. Slowly performed muscular movements, with strong mental concentration, are sometimes useful in controlling the tremor. Arsenic, opium and the extract of the parathyroid gland may be tried and sometimes give relief, but are not curative. Hyoscine seems helpful in some cases. The family should be told frankly that the disease is incurable, and that nothing can be done except to attend to the physical comforts of the patient."

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QUERY 6558.—"Icterus in Infants." L. S. C., Iowa, has a newborn infant that is jaundiced quite badly. This is the second week. Calomel does not feaze it. There has been another child in the family who did the same, lingering for three or four months, until one doctor gave it some "certain medicine"; when, presto, change, it improved at once. The child seems well but more restless than normal and seemed very husky. Only, it was more blue than normal, about the face. The blue coloration faded to deep red and this to icterus. Child is nearly three weeks now.

In ordinary icterus neonatorum, a few doses of calomel, followed by an ounce or two of a sweetened solution of magnesium sulphate, will clear up the condition promptly. Chionanthoid may be administered subcutaneously, and, in the writer's experience, in a week or ten days, normal conditions reobtain.

It has been our custom to flush the bowel at least once daily with physiological saline solution at body temperature, and to sponge the child's body with Epsom-salt solution daily.

A more serious condition may present in several infants of the same family, that is to say, every child when born, or at least two out of three of them, will be more or less icteric at birth. While in some cases the condition clears up readily, in others the child wastes and dies.

Of course, if a congenital malformation of the bile-duct exists, prognosis is uncertain. Where the condition depends upon interstitial hepatitis or is merely the so-called idiopathic or "physiological" icterus, results will follow intelligent medication. Unfortunately, the exact pathology of the latter disease is unknown; but it is generally held that the icterus is due to resorption, and is hepatogenous in origin. One of the more recent theories advanced is, that we have to deal with an anomaly of secretion of the liver cells, i. e., an active secretion of bile which occurs soon after birth, poured out into capillary ducts obstructed by thick bile which is present at birth. From these conditions, there results an overflow of bile into the lymph and blood vessels, producing jaundice. Usually, the more feeble the child, the more intense the icterus. Such jaundice in itself is never fatal and is not serious. There are other conditions, however, such as atelectasis, which may coexist and make the prognosis grave.

In malformations of the bile-ducts, the icterus is intense, and appears almost immediately after birth; bile is absent from the stools, the icterus is persistent, the symptoms go progressively from bad to worse, and the case ends fatally.